

BOARD OF REGISTERED NURSING
Legislative Committee
Agenda Item Summary

AGENDA ITEM: 7.1
DATE: April 13, 2011

ACTION REQUESTED: Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2011-2012 Legislative Session.

REQUESTED BY: Richard Rice, Chairperson
Legislative Committee

BACKGROUND:	<u>Assembly Bills</u>	<u>Senate Bills</u>
	AB 30	SB 161
	AB 661	SB 393
	AB 675	SB 538
		SB 747
		SB 943

NEXT STEP: None

**FINANCIAL IMPLICATIONS,
IF ANY:** None

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**BOARD OF REGISTERED NURSING
ASSEMBLY BILLS 2011
April 13, 2011**

BILL #	AUTHOR	SUBJECT	COMM POSITION	BOARD POSITION	BILL STATUS
AB 30	Hayashi	Health facilities: security plans	--	Support	Assembly
AB 40	Yamada	Elder abuse: reporting	--	Watch	Assembly
AB 661	Block	Public postsecondary education: San Diego Community College District: baccalaureate degree pilot program	Watch	--	Assembly
AB 675	Hagman	Continuing education	--	--	Assembly

Bold denotes a bill which was amended subsequent to the Board's position or is a new bill for Board consideration.

**BOARD OF REGISTERED NURSING
SENATE BILLS 2011
April 13, 2011**

BILL #	AUTHOR	SUBJECT	COMM POSITION	BOARD POSITION	BILL STATUS
SB 65	Strickland	Pupil health: prescription pancreatic enzymes	--	Watch	Senate
SB 100	Price	Healing Arts	--	Watch	Senate
SB 161	Huff	Schools: Emergency Medical Assistance: administration of epilepsy medication	Oppose	--	Senate
SB 393	Hernandez	Medical homes	--	--	Introduced
SB 538	Price	Nursing	--	--	Senate
SB 747	Kehoe	Continuing education: lesbian, gay, bisexual, and transgender patients	Watch	--	Senate
SB 943	Price	Healing Arts	--	--	Amended

Bold denotes a bill which was amended subsequent to the Board's position or is a new bill for Board consideration.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 13, 2011
BILL ANALYSIS**

AUTHOR:	Hayashi	BILL NUMBER:	AB 30
SPONSOR:	California Nurses Association	BILL STATUS:	Senate Appropriation
SUBJECT:	Health Facilities: security plans	DATE LAST AMENDED:	3/14/11

SUMMARY:

Under existing law, the State Department of Public Health licenses and regulates hospitals, as defined. Violation of these provisions is a crime. Existing law requires hospitals, not less than annually, to conduct a security and safety assessment and, using the assessment, develop a security plan with measures to protect personnel, patients, and visitors from aggressive or violent behavior. Existing law provides that the plan may include, but is not limited to, prescribed considerations.

Under existing law, an act of assault that results in injury or involves the use of a firearm or other dangerous weapon against on-duty hospital personnel is required to be reported to law enforcement within 72 hours of the occurrence of the incident.

Under existing law, the Corrections Standards Authority is required to establish minimum standards for state and local correctional facilities.

This bill would amend sections of the Health and Safety Code and the Penal Code relating to health facilities.

ANALYSIS:

This bill would require a hospital, among other things, to include in its security plan as follows:

- Adopt specified security policies as part of the plan.
- Evaluate and treat an employee who is involved in a violent incident and provide specified follow-up care.
- Prohibit a hospital from prohibiting an employee from, or taking punitive or retaliatory action against an employee for, seeking assistance from local emergency services or law enforcement when a violent incident occurs.
- Provide security education to all hospital employees regularly assigned to the emergency department or psychiatric unit, at least annually.
- Report incidents of assault or battery to the department and law enforcement within 24 hours

The bill would require the department to make an onsite inspection or investigation when it receives a report from a hospital that indicates an ongoing, urgent, or emergent threat of imminent danger of death or serious bodily harm to patient, personnel, or visitors, within 48 hours or 2 business days.

The bill would also require the Corrections Standards Authority to establish a standard that would include a safety and security plan designed to prevent and protect, from aggression and violence, health care personnel who provide care to persons confined in state and local correctional facilities, including, but not limited to, correctional treatment centers.

The bill would require the department to report to the Legislature, as specified, beginning on January 1, 2014, and annually thereafter until January 1, 2018, certain information regarding incidents of violence at hospitals.

Amended analysis as of 3/14/2011:

This bill amendment would expand the required training to include all employees that provide direct care to patients, instead of, just to the employees in the emergency department and the psychiatric unit. It would also provide for the imposition of a civil penalty in an amount not to exceed \$100 per day for each day that certain incidents are not reported following the initial 24-hour or 72-hour period.

BOARD POSITION: Support (2/2/2011)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

California Nurses Association (source)
American Federation of State, County and Municipal Employees, AFL-CIO
Board of Registered Nursing
California Association of Psychiatric Technicians
Consumer Attorneys of California
National Lawyers Guild Labor & Employment Committee
United Nurses Association of California/Union of Health Care Professionals

OPPOSE:

California Hospital Association

AMENDED IN ASSEMBLY MARCH 14, 2011

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL

No. 30

Introduced by Assembly Member Hayashi

(Principal coauthor: Assembly Member Allen)

(Principal coauthor: Senator DeSaulnier)

(Coauthors: Assembly Members Ammiano, Beall, Huffman, Ma, and Torres)

(Coauthor: Senator Hancock)

December 6, 2010

An act to amend Sections 1257.7 and 1257.8 of the Health and Safety Code, and to amend Section 6030 of the Penal Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

AB 30, as amended, Hayashi. Health facilities: security plans.

Under existing law, the State Department of Public Health licenses and regulates hospitals, as defined. Violation of these provisions is a crime. Existing law requires hospitals, not less than annually, to conduct a security and safety assessment and, using the assessment, develop a security plan with measures to protect personnel, patients, and visitors from aggressive or violent behavior. Existing law provides that the plan may include, but is not limited to, prescribed considerations.

This bill would, instead, require the plan to include these considerations, as well as other considerations prescribed by the bill. It would also require the hospital to adopt specified security policies as part of the plan. The bill would also require the hospital to evaluate and treat an employee who is involved in a violent incident and to provide specified followup care. The bill would prohibit a hospital from

prohibiting an employee from, or taking punitive or retaliatory action against an employee for, seeking assistance from local emergency services or law enforcement when a violent incident occurs.

Under existing law, an act of assault that results in injury or involves the use of a firearm or other dangerous weapon against on-duty hospital personnel is required to be reported to law enforcement within 72 hours of the occurrence of the incident.

This bill would, instead, require reporting to law enforcement within 24 hours.

This bill would also require a hospital to report incidents of assault or battery to the department, as specified. *This bill would allow the imposition of a civil penalty in an amount not to exceed \$100 per day for each day that certain incidents are not reported, as prescribed.* The bill would require the department to make an onsite inspection or investigation when it receives a report from a hospital that indicates an ongoing, urgent, or emergent threat of imminent danger of death or serious bodily harm to patient, personnel, or visitors.

The bill would require the department to report to the Legislature, as prescribed, beginning on January 1, 2014, and annually thereafter until January 1, 2018, certain information regarding incidents of violence at hospitals.

Under existing law, all hospital employees who are regularly assigned to the emergency department are required to receive, on a continuing basis as provided by the security plan, specified training.

This bill would require training to be provided annually, and would include in the required training hospital employees ~~regularly assigned to a psychiatric unit who provide direct care to patients.~~

~~This bill would allow the imposition of an administrative penalty for violation of the provisions relating to the safety plan. Because~~

Because this bill expands the definition of a crime, it would impose a state-mandated local program.

Under existing law, the Corrections Standards Authority is required to establish minimum standards for state and local correctional facilities.

This bill would require the standards to include a safety and security plan to protect health care personnel who provide care to persons confined in state and local correctional facilities, as specified.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1257.7 of the Health and Safety Code,
2 *as amended by Section 36 of Chapter 178 of the Statutes of 2010*,
3 is amended to read:

4 1257.7. (a) All hospitals licensed pursuant to subdivisions (a),
5 (b), and (f) of Section 1250 shall conduct, not less than annually,
6 a security and safety assessment and, using the assessment,
7 develop, and annually update based on the assessment, a security
8 plan with measures to protect personnel, patients, and visitors from
9 aggressive or violent behavior. The security and safety assessment
10 shall examine trends of aggressive or violent behavior at the
11 facility. These hospitals shall track incidents of aggressive or
12 violent behavior, as well as the hospital's response to those
13 incidents, as part of the quality assessment and improvement
14 program and for the purposes of developing a security plan to deter
15 and manage further aggressive or violent acts of a similar nature.
16 The plan shall include, but shall not be limited to, security
17 considerations relating to all of the following:

18 (1) Physical layout.

19 (2) Staffing, including staffing patterns and patient classification
20 systems that contribute to the risk of violence or are insufficient
21 to address the risk of violence.

22 (3) The adequacy of facility security systems, protocols, and
23 policies, including, but not limited to, security personnel
24 availability.

25 (4) Potential security risks associated with specific units or areas
26 within the facility where there is a greater likelihood that a patient
27 or other person may exhibit violent behavior.

28 (5) Uncontrolled public access to any part of the facility.

29 (6) Potential security risks related to working late-night or early
30 morning hours.

31 (7) Employee security in areas surrounding the facility,
32 including, but not limited to, employee parking areas.

1 (8) The use of a trained response team that can assist employees
2 in violent situations.

3 (9) Policy and training related to appropriate responses to violent
4 acts.

5 (10) Efforts to cooperate with local law enforcement regarding
6 violent acts in the facility.

7 (b) In developing the plan, specified in subdivision (a), the
8 hospital shall consider guidelines or standards on violence in health
9 care facilities issued by the department, the Division of
10 Occupational Safety and Health, and the federal Occupational
11 Safety and Health Administration. As part of the security plan, a
12 hospital shall adopt security policies, including, but not limited to,
13 all of the following:

14 (1) Personnel training policies designed to protect personnel,
15 patients, and visitors from aggressive or violent behavior, including
16 education on how to recognize the potential for violence, how and
17 when to seek assistance to prevent or respond to violence, and how
18 to report incidents of violence to the appropriate law enforcement
19 officials.

20 (2) A system for responding to incidents and situations
21 involving violence or the risk of violence, including, but not limited
22 to, procedures for rapid response by which an employee is provided
23 with immediate assistance if the threat of violence against that
24 employee appears to be imminent, or if a violent act has occurred
25 or is occurring.

26 (3) A system for investigating violent incidents and situations
27 involving violence or the risk of violence. When investigating
28 these incidents, the employer shall interview any employee who
29 was involved in the incident or situation.

30 (4) A system for reporting, monitoring, and recordkeeping of
31 violent incidents and situations involving the risk of violence.

32 (5) A system for reporting incidents of violence to the
33 department pursuant to subdivision (i).

34 (6) Modifications to job design, staffing, security, equipment,
35 or facilities as determined necessary to prevent or address violence
36 against hospital employees.

37 (c) In developing the plan and the assessment, the hospital shall
38 consult with affected employees, including the recognized
39 collective bargaining agent or agents, if any, and members of the
40 hospital medical staff organized pursuant to Section 2282 of the

1 Business and Professions Code. This consultation may occur
2 through hospital committees.

3 (d) The individual or members of a hospital committee
4 responsible for developing the security plan shall be familiar with
5 all of the following:

- 6 (1) The role of security in hospital operations.
- 7 (2) Hospital organization.
- 8 (3) Protective measures, including alarms and access control.
- 9 (4) The handling of disturbed patients, visitors, and employees.
- 10 (5) Identification of aggressive and violent predicting factors.
- 11 (6) Hospital safety and emergency preparedness.
- 12 (7) The rudiments of documenting and reporting crimes,
13 including, by way of example, not disturbing a crime scene.

14 (e) The hospital shall have sufficient personnel to provide
15 security pursuant to the security plan developed pursuant to
16 subdivision (a). Persons regularly assigned to provide security in
17 a hospital setting shall be trained regarding the role of security in
18 hospital operations, including the identification of aggressive and
19 violent predicting factors and management of violent disturbances.

20 (f) Any act of assault, as defined in Section 240 of the Penal
21 Code, or battery, as defined in Section 242 of the Penal Code, that
22 results in injury or involves the use of a firearm or other dangerous
23 weapon, against any on-duty hospital personnel shall be reported
24 to the local law enforcement agency within 24 hours of the incident.
25 Any other act of assault, as defined in Section 240 of the Penal
26 Code, or battery, as defined in Section 242 of the Penal Code,
27 against any on-duty hospital personnel may be reported to the local
28 law enforcement agency within 72 hours of the incident. No health
29 facility or employee of a health facility who reports a known or
30 suspected instance of assault or battery pursuant to this section
31 shall be civilly or criminally liable for any report required by this
32 section. No health facility or employee of a health facility who
33 reports a known or suspected instance of assault or battery that is
34 authorized, but not required, by this section, shall be civilly or
35 criminally liable for the report authorized by this section unless it
36 can be proven that a false report was made and the health facility
37 or its employee knew that the report was false or was made with
38 reckless disregard of the truth or falsity of the report, and any
39 health facility or employee of a health facility who makes a report
40 known to be false or with reckless disregard of the truth or falsity

1 of the report shall be liable for any damages caused. Any individual
2 knowingly interfering with or obstructing the lawful reporting
3 process shall be guilty of a misdemeanor. “Dangerous weapon,”
4 as used in this section, means any weapon the possession or
5 concealed carrying of which is prohibited by any provision listed
6 in Section 16590 of the Penal Code.

7 (g) Each hospital shall provide evaluation and treatment for an
8 employee who is injured or is otherwise a victim of a violent
9 incident and shall, upon the request of the employee, provide access
10 to followup counseling to address trauma or distress experienced
11 by the employee, including, but not limited to, individual crisis
12 counseling, support group counseling, peer assistance, and
13 professional referrals.

14 (h) A hospital shall not prohibit an employee from, or take
15 punitive or retaliatory action against an employee for, seeking
16 assistance and intervention from local emergency services or law
17 enforcement when a violent incident occurs, ~~or from filing a police~~
18 ~~report or criminal charges against the individual who committed~~
19 ~~the violence..~~

20 (i) (1) A hospital shall report to the department any incident of
21 assault, as defined in Section 240 of the Penal Code, or battery, as
22 defined in Section 242 of the Penal Code, against a hospital
23 employee or patient that is committed by a patient or a person
24 accompanying a patient. This report shall include the date and time
25 of the incident, whether the victim was a hospital employee or a
26 patient, the unit in which the incident occurred, a description of
27 the circumstances surrounding the incident, and the hospital’s
28 response to the incident.

29 (2) (A) Except as provided in subparagraph (B), a hospital shall
30 report an incident to which paragraph (1) applies to the department
31 within 72 hours.

32 (B) A hospital shall report to the department within 24 hours
33 any incident to which paragraph (1) applies that results in injury,
34 involves the use of a firearm or other dangerous weapon, or
35 presents an urgent or emergent threat to the welfare, health, or
36 safety of patients, personnel, or visitors.

37 (j) The department shall make an onsite inspection or
38 investigation within 48 hours, or two business days, whichever is
39 greater, of the receipt of a report from a hospital pursuant to
40 subdivision (i) that indicates an ongoing, urgent, or emergent threat

1 of imminent danger of death or serious bodily harm to patients,
2 personnel, or visitors.

3 ~~(k) The department may assess an administrative penalty against~~
4 ~~a hospital for violation of this section or Section 1257.8. Pursuant~~
5 ~~to Section 1280.1, an additional administrative penalty may be~~
6 ~~assessed for a violation of this section or Section 1257.8 that results~~
7 ~~in immediate jeopardy to the health or safety of a patient.~~

8 *(k) If a hospital fails to report an incident of assault or battery*
9 *pursuant to subdivision (i), the department may assess a civil*
10 *penalty against the hospital in an amount not to exceed one*
11 *hundred dollars (\$100) per day for each day that the incident is*
12 *not reported following the initial 72-hour or 24-hour period, as*
13 *applicable pursuant to paragraph (2) of subdivision (i).*

14 *(l) (1) Beginning on January 1, 2014, and annually thereafter,*
15 *the department shall report to the relevant fiscal and policy*
16 *committees of the Legislature information, in a manner that protects*
17 *patient and employee confidentiality, regarding incidents of*
18 *violence at hospitals, that includes, but is not limited to, the total*
19 *number of reports and what specific hospitals filed reports pursuant*
20 *to subdivision (i), the outcome of any inspection or investigation*
21 *initiated pursuant to subdivision (j), the amount of any*
22 *administrative penalty levied against a hospital pursuant to*
23 *subdivision (k), and recommendations on how to prevent incidents*
24 *of violence at hospitals.*

25 *(2) The requirement for submitting a report imposed pursuant*
26 *to this subdivision is inoperative on January 1, 2018, pursuant to*
27 *Section 10231.5 of the Government Code.*

28 *(3) A report to be submitted pursuant to this subdivision shall*
29 *be submitted in compliance with Section 9795 of the Government*
30 *Code.*

31 SEC. 2. Section 1257.8 of the Health and Safety Code is
32 amended to read:

33 1257.8. (a) All hospital employees ~~regularly assigned to the~~
34 ~~emergency department or psychiatric unit~~ *who provide direct care*
35 *to patients* shall at least annually receive security education and
36 training relating to the following topics:

- 37 (1) General safety measures.
- 38 (2) Personal safety measures.
- 39 (3) The assault cycle.
- 40 (4) Aggression and violence predicting factors.

1 (5) Obtaining patient history from a patient with violent
2 behavior.

3 (6) Characteristics of aggressive and violent patients and victims.

4 (7) Verbal and physical maneuvers to diffuse and avoid violent
5 behavior.

6 (8) Strategies to avoid physical harm.

7 (9) Restraining techniques.

8 (10) Appropriate use of medications as chemical restraints.

9 (11) Any resources available to employees for coping with
10 incidents of violence, including, by way of example, critical
11 incident stress debriefing or employee assistance programs.

12 (b) As provided in the security plan developed pursuant to
13 subdivision (a) of Section 1257.7, members of the medical staff
14 of each hospital and all other practitioners, including, but not
15 limited to, nurse practitioners, physician assistants, and other
16 personnel, who are regularly assigned to the emergency department,
17 psychiatric units, or other departments identified in the security
18 plan personnel, shall receive the same training as that provided to
19 hospital employees or, at a minimum, training determined to be
20 sufficient pursuant to the security plan.

21 (c) Temporary personnel shall be oriented as required pursuant
22 to the security plan. This section shall not be construed to preempt
23 state law or regulations generally affecting temporary personnel
24 in hospitals.

25 SEC. 3. Section 6030 of the Penal Code is amended to read:

26 6030. (a) The Corrections Standards Authority shall establish
27 minimum standards for state and local correctional facilities. The
28 standards for state correctional facilities shall be established by
29 January 1, 2007. The authority shall review those standards
30 biennially and make any appropriate revisions.

31 (b) The standards shall include, but not be limited to, the
32 following: health and sanitary conditions, fire and life safety,
33 security, rehabilitation programs, recreation, treatment of persons
34 confined in state and local correctional facilities, and personnel
35 training.

36 (c) The standards shall require that at least one person on duty
37 at the facility is knowledgeable in the area of fire and life safety
38 procedures.

39 (d) The standards shall also include requirements relating to the
40 acquisition, storage, labeling, packaging, and dispensing of drugs.

1 (e) The standards shall include requirements for a safety and
2 security plan designed to prevent and protect, from aggression and
3 violence, health care personnel who provide care to persons
4 confined in state and local correctional facilities, including, but
5 not limited to, correctional treatment centers licensed pursuant to
6 subdivision (j) of Section 1250 of the Health and Safety Code. The
7 safety and security plan shall include, but not be limited to, security
8 considerations of all of the following:

9 (1) Physical layout, including, but not limited to, the physical
10 layout of intake areas.

11 (2) Security, placement, and storage of equipment, supplies, or
12 other items that may be used in a manner that would pose a risk
13 to the physical safety of health care personnel.

14 (3) Staffing, including, but not limited to, the adequacy of health
15 care personnel staffing during the processing and intake of
16 detainees.

17 (4) The adequacy of facility security systems, protocols, and
18 policies, including, but not limited to, the availability of security
19 personnel during the provision of health care services to detainees
20 by health care personnel.

21 (5) Training for health care personnel, including, but not limited
22 to, education on how to recognize the potential for violence, and
23 how and when to seek assistance to prevent or respond to violence.

24 (f) The standards shall require that inmates who are received
25 by the facility while they are pregnant are provided all of the
26 following:

27 (1) A balanced, nutritious diet approved by a doctor.

28 (2) Prenatal and post partum information and health care,
29 including, but not limited to, access to necessary vitamins as
30 recommended by a doctor.

31 (3) Information pertaining to childbirth education and infant
32 care.

33 (4) A dental cleaning while in a state facility.

34 (g) The standards shall provide that at no time shall a woman
35 who is in labor be shackled by the wrists, ankles, or both including
36 during transport to a hospital, during delivery, and while in
37 recovery after giving birth, except as provided in Section 5007.7.

38 (h) In establishing minimum standards, the authority shall seek
39 the advice of the following:

40 (1) For health and sanitary conditions:

1 The State Department of Public Health, physicians, psychiatrists,
2 local public health officials, and other interested persons.

3 (2) For fire and life safety:

4 The State Fire Marshal, local fire officials, and other interested
5 persons.

6 (3) For security, rehabilitation programs, recreation, and
7 treatment of persons confined in correctional facilities:

8 The Department of Corrections and Rehabilitation, state and
9 local juvenile justice commissions, state and local correctional
10 officials, experts in criminology and penology, and other interested
11 persons.

12 (4) For personnel training:

13 The Commission on Peace Officer Standards and Training,
14 psychiatrists, experts in criminology and penology, the Department
15 of Corrections and Rehabilitation, state and local correctional
16 officials, and other interested persons.

17 (5) For female inmates and pregnant inmates in local adult and
18 juvenile facilities:

19 The California State Sheriffs' Association and Chief Probation
20 Officers' Association of California, and other interested persons.

21 (6) For safety and security plans for health care personnel:

22 The State Department of Public Health, the Division of
23 Occupational Safety and Health, registered nurses, other relevant
24 health care personnel, and other interested persons.

25 SEC. 4. No reimbursement is required by this act pursuant to
26 Section 6 of Article XIII B of the California Constitution because
27 the only costs that may be incurred by a local agency or school
28 district will be incurred because this act creates a new crime or
29 infraction, eliminates a crime or infraction, or changes the penalty
30 for a crime or infraction, within the meaning of Section 17556 of
31 the Government Code, or changes the definition of a crime within
32 the meaning of Section 6 of Article XIII B of the California
33 Constitution.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 13, 2011
BILL ANALYSIS**

AUTHOR:	Block	BILL NUMBER:	AB 661
SPONSOR:	Block	BILL STATUS:	Assembly Higher Ed
SUBJECT:	Public postsecondary education: San Diego Community College District: baccalaureate degree pilot program	DATE LAST AMENDED:	2/16/11

SUMMARY:

Existing law establishes the California Community Colleges, under the administration of the Board of Governors of the California Community Colleges, as one of the segments of public postsecondary education in this state. Additionally, existing law establishes community college districts, administered by governing boards, throughout the state, and authorizes these districts to provide instruction to students at the community college campuses maintained by the districts. Lastly, existing law requires community colleges to offer instruction through, but not beyond, the 2nd year of college and authorizes community colleges to grant associate in arts and science degrees.

ANALYSIS:

This bill would authorize the San Diego Community College District to establish baccalaureate degree pilot programs. This bill would also require a baccalaureate degree pilot program to expire 8 years after the establishment of the program.

If the San Diego Community College District establishes a baccalaureate program, this bill would require the district to meet specified requirements, including, but not limited to, offering baccalaureate degrees in a limited number of fields of study, and submitting a report to the Legislature within one year prior to the expiration of the baccalaureate degree pilot program that would evaluate specified factors.

This bill would also require, if the San Diego Community College District establishes a baccalaureate program, the governing board of the district to perform certain functions and would authorize the governing board to charge baccalaureate degree-seeking students a fee for enrollment in specified courses, which would be required to be expended for the purpose of providing a pilot program.

This bill would authorize the governing board of the district to enter into agreements with local businesses and agencies to provide educational services to students participating in a baccalaureate degree pilot program.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (3/10/2011)

SUPPORT:

American Nurses Association California

OPPOSE:

ASSEMBLY BILL

No. 661

Introduced by Assembly Member Block

February 16, 2011

An act to add Article 3 (commencing with Section 78040) to Chapter 1 of Part 48 of Division 7 of Title 3 of the Education Code, relating to public postsecondary education.

LEGISLATIVE COUNSEL'S DIGEST

AB 661, as introduced, Block. Public postsecondary education: San Diego Community College District: baccalaureate degree pilot program.

Existing law establishes the California Community Colleges, under the administration of the Board of Governors of the California Community Colleges, as one of the segments of public postsecondary education in this state. Existing law establishes community college districts, administered by governing boards, throughout the state, and authorizes these districts to provide instruction to students at the community college campuses maintained by the districts.

Existing law requires community colleges to offer instruction through, but not beyond, the 2nd year of college and authorizes community colleges to grant associate in arts and science degrees.

This bill would authorize the San Diego Community College District to establish baccalaureate degree pilot programs. This bill would require a baccalaureate degree pilot program to expire 8 years after the establishment of the program. If the San Diego Community College District establishes a baccalaureate program, this bill would require the district to meet specified requirements, including, but not limited to, offering baccalaureate degrees in a limited number of fields of study, and submitting a report to the Legislature within one year prior to the

expiration of the baccalaureate degree pilot program that would evaluate specified factors.

This bill would also require, if the San Diego Community College District establishes a baccalaureate program, the governing board of the district to perform certain functions and would authorize the governing board to charge baccalaureate degree-seeking students a fee for enrollment in specified courses, which would be required to be expended for the purpose of providing a pilot program. This bill would authorize the governing board of the district to enter into agreements with local businesses and agencies to provide educational services to students participating in a baccalaureate degree pilot program.

Vote: majority. Appropriation: no. Fiscal committee: no. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the
2 following:

3 (a) For nearly 50 years, California’s higher education system
4 has been the envy of the world. The University of California and
5 the California State University campuses have produced
6 groundbreaking research and millions of professionals. The
7 California Community Colleges are an often overlooked, yet
8 essential, part of this system.

9 (b) California needs to produce one million more baccalaureate
10 degrees than the state currently does to remain economically
11 competitive in the coming decades.

12 (c) It is time to change community colleges in a way that will
13 address job shortages in California’s most vital employment areas
14 that require baccalaureate degrees. Community colleges can help
15 fill the gaps in the system by granting baccalaureate degrees for a
16 limited number of specific areas in order to meet a growing demand
17 for workforce need.

18 (d) These baccalaureate programs will be limited and will not
19 detract from the community colleges’ mission to advance
20 California’s economic growth and global competitiveness through
21 education, training, and services that contribute to continuous
22 workforce improvement, nor will the programs unnecessarily
23 duplicate similar programs offered by nearby schools.

1 (e) Community colleges can provide a quality baccalaureate
2 education with lower costs to their students than a traditional
3 four-year university, enabling lower income and part-time local
4 students to earn the baccalaureate degree needed for new job
5 opportunities and promotion.

6 (f) Seventeen other states, from Florida to Hawaii, already allow
7 their community colleges to offer baccalaureate degrees. California
8 is one of the most innovative states in the nation, and the California
9 Community Colleges will use that same innovative spirit to produce
10 more health, biotechnology, and other needed professionals.

11 (g) The purpose of the baccalaureate degree pilot program is to
12 promote economic development by preparing people for
13 occupations that are in demand and require a baccalaureate degree.

14 SEC. 2. Article 3 (commencing with Section 78040) is added
15 to Chapter 1 of Part 48 of Division 7 of Title 3 of the Education
16 Code, to read:

17
18 Article 3. Baccalaureate Degree Pilot Program
19

20 78040. For the purposes of this article, “district” means the
21 San Diego Community College District. The district may establish
22 baccalaureate degree pilot programs pursuant to Section 78041.

23 78041. Notwithstanding Section 66010.4, the San Diego
24 Community College District may establish baccalaureate degree
25 pilot programs that meet all of the eligibility requirements set forth
26 in Section 78042. A pilot program established pursuant to this
27 section shall expire eight years after the establishment of the
28 program. For purposes of this section, a pilot program is established
29 when the first class of students begins the program.

30 78042. (a) The district shall seek accreditation as a
31 baccalaureate degree granting college.

32 (b) The district shall maintain the primary mission of the
33 California Community Colleges specified in paragraph (3) of
34 subdivision (a) of Section 66010.4. The district, as part of the
35 baccalaureate degree pilot program, shall have the additional
36 mission to provide high-quality undergraduate education at an
37 affordable price for students and the state.

38 (c) The district shall offer baccalaureate degrees in a limited
39 number of fields of study subject to the following requirements,
40 as determined by the governing board of the district:

1 (1) The district shall identify and document unmet workforce
2 needs in the subject areas of the baccalaureate degrees to be offered
3 and offer baccalaureate degrees in those subject areas possessing
4 unmet workforce needs in the local community.

5 (2) The baccalaureate degree pilot program shall not
6 unnecessarily duplicate similar programs offered by nearby public
7 postsecondary educational institutions.

8 (3) The district shall have the expertise, resources, and student
9 interest to offer a quality baccalaureate degree in the chosen field
10 of study.

11 (d) The district shall maintain separate records for students who
12 are enrolled in courses classified in the upper division and lower
13 division of a baccalaureate program. A student shall be reported
14 as a community college student for enrollment in a lower division
15 course and as a baccalaureate degree program student for
16 enrollment in an upper division course.

17 (e) The governing board of the district shall do all of the
18 following:

19 (1) Determine the appropriate governance system for the
20 baccalaureate degree pilot program.

21 (2) Make decisions regarding the baccalaureate degree pilot
22 program's curriculum, faculty, and facilities.

23 (3) Establish the level of matriculation, tuition, and other
24 appropriate costs for students enrolled in a baccalaureate degree
25 program.

26 (f) (1) The governing board of the district may charge
27 baccalaureate degree-seeking students a fee, of an amount to be
28 determined by the governing board, that covers the additional costs
29 imposed by providing a baccalaureate degree pilot program, for
30 enrollment in courses that are not transfer core curriculum courses,
31 as defined in Section 66720.

32 (2) All fees collected pursuant to this subdivision shall be
33 deposited in the designated fund of the district in accordance with
34 the California Community Colleges Budget and Accounting
35 Manual, and shall be expended for the purpose of providing a
36 baccalaureate degree pilot program.

37 (g) The governing board of the district may enter into
38 agreements with local businesses and agencies to provide
39 educational services to students participating in the baccalaureate
40 degree pilot program.

1 (h) The district shall submit a report to the Legislature within
2 one year prior to the expiration of the baccalaureate degree pilot
3 program pursuant to Section 78041. The report shall examine the
4 success of the baccalaureate degree pilot program by evaluating
5 all of the following factors:

6 (1) The percentage of students who complete a baccalaureate
7 degree, calculated by dividing the number of students who graduate
8 from the baccalaureate degree pilot program by the number of
9 students who enrolled in the program.

10 (2) The extent to which the baccalaureate degree pilot program
11 is self-supporting, such that the student fees charged pursuant to
12 subdivision (f) cover the costs of the program.

13 (3) Whether there is a problem with finding and paying
14 instructors for the baccalaureate degree pilot program.

15 (4) Whether there was a decline in enrollment in the California
16 State University and the University of California as a result of the
17 baccalaureate degree pilot program.

18 (5) The number of students who received jobs in the area in the
19 field of study of their baccalaureate degree.

20 (6) The amount of student fees charged pursuant to subdivision
21 (f) compared to the amount of student fees charged for courses at
22 the California State University and the University of California.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 13, 2011
BILL ANALYSIS**

AUTHOR:	Hagman	BILL NUMBER:	AB 675
SPONSOR:	Hagman	BILL STATUS:	Assembly B&P, CP
SUBJECT:	Continuing education	DATE LAST AMENDED:	4/5/11

SUMMARY:

Existing law provides for the licensure and regulation of professions and vocations by boards within the Department of Consumer Affairs and these boards may require licensees to satisfy continuing education course requirements.

ANALYSIS:

This bill would provide, if applicable, that continuing education courses that advance or promote labor organizing on behalf of a union, or that advance or promote statutory or regulatory changes, political candidates, political advocacy, or political strategy would not be considered content relevant to the practice regulated by the board and would not be acceptable for meeting requirements for licensure renewal. The bill would also prohibit, to the extent applicable, an approved provider from representing that such a continuing education course is acceptable for meeting requirements for licensure renewal and would require a board, subject to specified procedural requirements, to withdraw its approval of a provider that violates that requirement for no less than 5 years.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

AMENDED IN ASSEMBLY APRIL 5, 2011

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL

No. 675

Introduced by Assembly Member Hagman
(Coauthors: Assembly Members Garrick, Gorell, Jeffries, and Silva)
~~(Coauthor: Senator Huff)~~
(Coauthors: Senators Harman and Huff)

February 17, 2011

An act to add Section 110.6 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 675, as amended, Hagman. Continuing education.

Existing law provides for the licensure and regulation of professions and vocations by boards within the Department of Consumer Affairs and these boards may require licensees to satisfy continuing education course requirements.

This bill would provide, if applicable, that continuing education *or competency* courses, as specified, that advance or promote labor organizing on behalf of a union, or that advance or promote statutory or regulatory changes, political candidates, political advocacy, or political strategy shall not be considered content relevant to the practice regulated by the board and shall not be acceptable for meeting requirements for licensure renewal. The bill would also prohibit, to the extent applicable, an approved provider from representing that such a continuing education *or competency* course is acceptable for meeting requirements for licensure renewal and would require a board, subject to specified procedural requirements, to withdraw its approval of a

provider that violates that requirement for no less than 5 years, as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 110.6 is added to the Business and
2 Professions Code, to read:

3 110.6. Notwithstanding any other provision of law, if a board
4 described in Section 101 requires its licensees to satisfy continuing
5 education *or competency* requirements by pursuing a course of
6 continuing education *or competency*, the following shall apply:

7 (a) Continuing education *or competency* courses shall contain
8 only content relevant to the particular practice regulated by the
9 board pursuant to its laws and regulations. Continuing education
10 *or competency* courses that advance or promote labor organizing
11 on behalf of a union, or that advance or promote statutory or
12 regulatory changes, political candidates, political advocacy, or
13 political strategy shall not be considered content relevant to the
14 practice regulated by the board and shall not be acceptable for
15 meeting continuing education *or competency* requirements. For
16 the purposes of this section, “courses” includes institutes, seminars,
17 lectures, conferences, workshops, and any other public events.

18 (b) (1) To the extent applicable, if an approved provider offers
19 a course described in subdivision (a), the provider shall not
20 represent that the course is acceptable for meeting the continuing
21 education *or competency* requirements. If a provider violates this
22 requirement, the board shall withdraw its approval of the provider,
23 subject to paragraph (2).

24 (2) If, after the board provides the provider notice and an
25 opportunity to be heard, the board finds that the provider violated
26 the requirement in paragraph (1), the board shall withdraw approval
27 of the provider for no less than five years.

O

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 13, 2011
BILL ANALYSIS**

AUTHOR:	Huff	BILL NUMBER:	SB 161
SPONSOR:	Huff	BILL STATUS:	Senate Health
SUBJECT:	Schools: Emergency Medical Assistance: administration of epilepsy medication	DATE LAST AMENDED:	3/09/11

SUMMARY:

Existing law provides that in the absence of a credentialed school nurse or other licensed nurse onsite at the school, a school district is authorized to provide school personnel with voluntary medical training to provide emergency medical assistance to pupils with diabetes suffering from severe hypoglycemia.

ANALYSIS:

This bill would authorize a school district to provide school employees with voluntary emergency medical training to provide, in the absence of a credentialed school nurse or other licensed nurse onsite at the school, emergency medical assistance to pupils with epilepsy suffering from seizures, in accordance with performance standards developed by specified entities. The bill would authorize the State Department of Public Health to approve the performance standards for distribution and make the standards available upon request.

The bill would allow a parent or guardian of a pupil with epilepsy who has been prescribed Diastat by the pupil's health care provider to request the pupil's school to have one or more of its employees receive voluntary training, as specified, in order to administer Diastat, as defined, in the event that the pupil suffers a seizure when a nurse is not available.

The bill would require a school that decides to train school employees to distribute an electronic notice, as specified, to all staff regarding the request. It would require that the training be conducted by one or more of the following: a physician, a credentialed school nurse or a registered nurse.

The bill would repeal these provisions on January 1, 2017.

Amended analysis as of 3/09/11:

This bill amendment would change the authorization for a school district to provide school employees with voluntary emergency medical training to provide, in the absence of a credentialed school nurse or other licensed nurse onsite at the school. The emergency

medical assistance to pupils with epilepsy suffering from seizures would be provided in accordance with **performance guidelines** instead of **standards**. It would provide for the guidelines to be developed in cooperation with the State Department of Education, the California School Nurses Organization, the California Medical Association, and the American Academy of Pediatrics. The provision allowing the State Department of Public Health to approve performance standards would be deleted. Also, the physician assistant would be added to the list of persons who could conduct the training.

This amendment would also require the health care practitioner to include, in a written statement, the detailed information about seizure symptoms, including frequency, type, or length of seizures that identify when the administration of Diastat becomes necessary.

During the 2009-2010 Legislative Session, the board followed SB1051 that had similar provisions as SB161. The Board took an Oppose position and the bill was held in committee.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Oppose (3/10/2011)

SUPPORT:

Association of Regional Center Agencies
The California Association of Joint Powers Authorities (If Amended)
California Association of School Business Officials
California Association of Suburban School Districts
California School Boards Association
Democrats for Education Reform
Disability Rights California
Epilepsy Foundation, California
Health Officers Association of California
Humboldt County Office of Education
Kern County Superintendent of Schools
Los Angeles County Office of Education
Los Angeles Unified School district
Orange County Department of Education
Riverside County School Superintendents' Association
Riverside Unified School District
Saddleback Valley Unified School District
San Bernardino County District Advocates for Better Schools
Small School Districts' Association
35 individuals

OPPOSE:

American Nurses Association-California
California Labor Federation
The California Federation of Teachers
California Association for Nurse Practitioners

California Nurses Association
California School Employees Association
California School Nurses Organization
California School Employees Association
California Teachers Association
Laborers International Union of North America, Local 777
Service Employees International Union-Nurses
Alliance of California
United Nurses Associations of CA-Union of Health Care Professionals
United Teachers Los Angeles

AMENDED IN SENATE MARCH 9, 2011

SENATE BILL

No. 161

Introduced by Senator Huff
(Coauthor: Senator Rubio)
(Coauthor: Assembly Member Halderman)

February 2, 2011

An act to add and repeal Section 49414.7 of the Education Code, relating to pupil health.

LEGISLATIVE COUNSEL'S DIGEST

SB 161, as amended, Huff. Schools: emergency medical assistance: administration of epilepsy medication.

Existing law provides that in the absence of a credentialed school nurse or other licensed nurse onsite at the school, a school district is authorized to provide school personnel with voluntary medical training to provide emergency medical assistance to pupils with diabetes suffering from severe hypoglycemia.

This bill would authorize a school district to provide school employees with voluntary emergency medical training to provide, in the absence of a credentialed school nurse or other licensed nurse onsite at the school, emergency medical assistance to pupils with epilepsy suffering from seizures, in accordance with ~~performance standards~~ *guidelines* developed by specified entities. ~~The bill would authorize the State Department of Public Health to approve the performance standards for distribution and make the standards available upon request.~~ The bill would allow a parent or guardian of a pupil with epilepsy who has been prescribed Diastat by the pupil's health care provider to request the pupil's school to have one or more of its employees receive voluntary training, as specified, in order to administer Diastat, as defined, in the

event that the pupil suffers a seizure when a nurse is not available. The bill would require a school that decides to train school employees to distribute an electronic notice, as specified, to all staff regarding the request. The bill would make various legislative findings and declarations and state the intent of the Legislature in enacting this measure. The bill would repeal these provisions on January 1, 2017.

Vote: majority. Appropriation: no. Fiscal committee: ~~yes~~-no. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. (a) The Legislature finds and declares ~~that all~~
- 2 *all of the following:*
- 3 (1) All individuals with exceptional needs have a right to
- 4 participate in a free appropriate public education, and that special
- 5 instruction and services for these individuals are needed in order
- 6 to ensure they have the right to an appropriate educational
- 7 opportunity to meet their unique needs in compliance with the
- 8 federal Individuals with Disabilities Education Act (20 U.S.C. Sec.
- 9 1400 et seq.).
- 10 ~~(b) The Legislature finds and declares that there are specific~~
- 11 ~~circumstances when it is necessary for nonmedical school staff,~~
- 12 ~~who have volunteered and been trained, to administer medication~~
- 13 ~~to pupils. The Legislature further finds and declares that the~~
- 14 ~~circumstances necessitating nonmedical personnel to administer~~
- 15 ~~medication to a pupil shall meet the following criteria:~~
- 16 (2) *The federal Food and Drug Administration has determined*
- 17 *that Diastat is an emergency medication approved for*
- 18 *administration by trained, nonmedical persons.*
- 19 (3) *If all of the following specific circumstances are met, then*
- 20 *the safety and welfare of a pupil may be compromised,*
- 21 *necessitating the authorization of nonmedical school staff, who*
- 22 *have volunteered and been trained, to administer Diastat to a*
- 23 *pupil:*
- 24 (1) ~~The~~
- 25 (A) A pupil’s health care provider states that ~~the medication~~
- 26 *Diastat* must be administered within a timeframe that a licensed
- 27 medical person or a paramedic cannot reasonably be expected to
- 28 respond and be available.
- 29 (2)

1 (B) Failure to administer ~~the medication~~ *Diastat* in a timely
2 manner can reasonably be expected to result in death or permanent
3 physical injury to the pupil.

4 ~~(3) The medication~~

5 (C) *Diastat* and the procedure for ~~the administration of the~~
6 ~~medication~~ *its administration* has been found to be safe from
7 harmful side effects by competent personnel.

8 (e)

9 (b) It is the intent of the Legislature that individuals with
10 exceptional needs and children with disabilities under the federal
11 Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12101
12 et seq.) and Section 504 of the federal Rehabilitation Act of 1973
13 (29 U.S.C. Sec. 794) shall have a right to an appropriate
14 educational opportunity to meet their unique needs, and that
15 children suffering from seizures due to epilepsy have the right to
16 appropriate programs and services that are designed to meet their
17 unique needs. In order to meet that goal, it is the intent of the
18 Legislature to authorize nurses to train and supervise employees
19 of school districts and county offices of education to administer
20 *Diastat* to children with epilepsy in the public schools. The
21 American Academy of Pediatrics and the Epilepsy Foundation of
22 America support training of school employees to administer *Diastat*
23 and believe that *Diastat* may be safely and effectively administered
24 by trained school employees. The Legislature further finds and
25 declares that, in the absence of a credentialed school nurse or other
26 licensed nurse onsite at the school, it is in the best interest of the
27 health and safety of children to allow trained school employees to
28 administer *Diastat* to pupils in public schools.

29 SEC. 2. Section 49414.7 is added to the Education Code, to
30 read:

31 49414.7. (a) It is the intent of the Legislature that, whenever
32 possible, *Diastat* should be administered by a school nurse who
33 has been trained in its administration.

34 (b) Notwithstanding Sections 2052 and 2732 of the Business
35 and Professions Code, in the absence of a credentialed school nurse
36 or other licensed nurse onsite at the school, a school district may
37 provide school employees with voluntary emergency medical
38 training to provide emergency medical assistance to pupils with
39 epilepsy suffering from seizures. A school employee with voluntary
40 emergency medical training shall provide this emergency medical

1 assistance in accordance with the ~~standards~~ *guidelines* established
2 pursuant to subdivision (k), and the performance instructions set
3 forth by the licensed health care provider of the pupil. A school
4 employee who does not volunteer or who has not been trained
5 pursuant to subdivision (k) shall not be required to provide
6 emergency medical assistance pursuant to this section.

7 (c) If a pupil with epilepsy has been prescribed Diastat by his
8 or her health care provider, the pupil's parent or guardian may
9 request the pupil's school to have one or more of its employees
10 receive training pursuant to this section in the administration of
11 Diastat in the event that the pupil suffers a seizure when a nurse
12 is not available.

13 (d) Pursuant to Section 504 of the federal Rehabilitation Act of
14 1973, as amended, (29 U.S.C. Sec. 794), upon receipt of the
15 parent's or guardian's request, the school shall notify the parent
16 or guardian that his or her child may qualify for services or
17 accommodations, assist the parent or guardian with the exploration
18 of that option, *including, but not limited to, the development of a*
19 *seizure action plan in accordance with the parent's or guardian's*
20 *direction*, and encourage the parent or guardian to adopt that option
21 if it is determined that the child is eligible for a Section 504 plan.

22 (e) The school may ask the parent or guardian to sign a notice
23 verifying that the parent or guardian was given information about
24 Section 504 of the federal Rehabilitation Act of 1973, and that the
25 parent or guardian understands that it is his or her right to request
26 a Section 504 plan at any time.

27 (f) If the parent or guardian does not choose to have the pupil
28 assessed for a Section 504 plan, the school may create an
29 individualized health plan, seizure action plan, or other appropriate
30 health plan designed to acknowledge and prepare for the child's
31 health care needs in school. The plan may include the involvement
32 of trained volunteer school employees.

33 (g) If a school decides to train school employees pursuant to
34 this section, the school shall distribute an electronic notice to all
35 staff that states all of the following:

36 (1) The notice is a request for volunteers to administer Diastat
37 to a pupil experiencing a severe epileptic seizure, in the absence
38 of a school nurse.

39 (2) Diastat is an FDA-approved, predosed, rectally administered
40 gel that reduces the severity of epileptic seizures.

1 (3) A volunteer will receive training from a licensed health
2 professional regarding the administration of Diastat.

3 (4) Any agreement by an employee to administer Diastat is
4 voluntary, and no employee of the school or district shall directly
5 or indirectly use or attempt to use his or her authority or influence
6 for the purpose of intimidating, threatening, coercing, or attempting
7 to intimidate, threaten, or coerce, any staff member who does not
8 choose to volunteer.

9 (h) If there are no volunteers, then the school shall renotify the
10 pupil's parent or guardian of the option to be assessed for services
11 and accommodations guaranteed under Section 504 of the federal
12 Rehabilitation Act of 1973.

13 (i) A school that chooses to participate pursuant to this section
14 shall have in place a school plan that shall include, but not be
15 limited to, all of the following:

16 (1) Identification of existing licensed staff within the district or
17 region who could be trained in the administration of Diastat and
18 could be available to respond to an emergency need to administer
19 Diastat. The school shall consult with the school district or county
20 office of education to obtain this information.

21 (2) Identification of pupils who may require the administration
22 of Diastat.

23 (3) Written authorization from the parent or guardian for a
24 nonmedical school employee to administer Diastat.

25 (4) The requirement that the parent or guardian notify the school
26 if the pupil has had Diastat administered within the past four hours
27 on a schoolday.

28 (5) Notification of the parent or guardian that Diastat has been
29 administered.

30 (6) A written statement from the pupil's health care practitioner
31 that shall include, but not be limited to, all of the following:

32 (A) The pupil's name.

33 (B) The name and purpose of the medication.

34 (C) The prescribed dosage.

35 (D) ~~The length of time the seizure may continue before~~ *Detailed*
36 *seizure symptoms, including frequency, type, or length of seizures*
37 *that identify when the administration of Diastat becomes necessary.*

38 (E) The method of administration.

39 (F) The frequency with which the medication may be
40 administered.

1 (G) The circumstances under which the medication may be
2 administered.

3 (H) Any potential adverse responses by the pupil and
4 recommended mitigation actions, including when to call emergency
5 services.

6 (I) A protocol for observing the pupil after a seizure, including,
7 but not limited to, whether the pupil should rest in the school office,
8 whether the pupil may return to class, and the length of time the
9 pupil should be under direct observation.

10 (j) A school that chooses to allow volunteers to administer
11 Diastat shall compensate a volunteer when the administration of
12 Diastat and subsequent monitoring of a pupil requires a volunteer
13 to work beyond his or her normally scheduled hours.

14 (k) (1) The Legislature encourages the Epilepsy Foundation of
15 America to develop ~~performance standards~~ *guidelines* for the
16 training and supervision of school employees in providing
17 emergency medical assistance to pupils with epilepsy suffering
18 from seizures. ~~The performance standards guidelines may be~~
19 ~~developed in cooperation with the State Department of Education,~~
20 ~~the California School Nurses Organization, the California Medical~~
21 ~~Association, and the American Academy of Pediatrics. Upon~~
22 ~~development of the performance standards, the State Department~~
23 ~~of Public Health may approve the performance standards for~~
24 ~~distribution and make those standards available upon request.~~

25 (2) Training established pursuant to this subdivision shall
26 include, but not be limited to, all of the following:

27 (A) Recognition and treatment of different types of seizures.

28 (B) Administration of Diastat.

29 (C) Basic emergency followup procedures, including, but not
30 limited to, calling the emergency 911 telephone number and
31 contacting the pupil's parent or guardian.

32 (D) Techniques and procedures to ensure pupil privacy.

33 (3) Training established pursuant to this subdivision shall be
34 conducted by one or more of the following:

35 (A) A physician and surgeon.

36 (B) *A physician and surgeon's assistant.*

37 ~~(B)~~

38 (C) A credentialed school nurse.

39 ~~(C)~~

40 (D) A registered nurse.

1 ~~(D)~~

2 (E) A certificated public health nurse.

3 (4) Training provided in accordance with the ~~performance~~
4 ~~standards~~ *manufacturer's instructions, the pupil's health care*
5 *provider's instructions, and guidelines* established pursuant to this
6 section shall be deemed adequate training for purposes of this
7 section.

8 (5) (A) A school employee shall notify the credentialed school
9 nurse assigned to the school district if he or she administers Diastat
10 pursuant to this section.

11 (B) If a credentialed school nurse is not assigned to the school
12 district, the school employee shall notify the superintendent of the
13 school district, or his or her designee, if he or she administers
14 Diastat pursuant to this section.

15 (C) A school shall retain all records relating to the administration
16 of Diastat while a pupil is under the supervision of school staff.

17 (6) The pupil's parent or guardian shall provide all materials
18 necessary to administer Diastat, including the information described
19 in paragraph (6) of subdivision (i). A school shall not be
20 responsible for providing any of the necessary materials.

21 (l) For purposes of this section, "Diastat" means diazepam rectal
22 gel, marketed as Diastat AcuDial, approved by the federal Food
23 and Drug Administration for patients with epilepsy for the
24 management of seizures.

25 (m) This section shall remain in effect only until January 1,
26 2017, and as of that date is repealed, unless a later enacted statute,
27 that is enacted before January 1, 2017, deletes or extends that date.

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**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 13, 2011
BILL ANALYSIS**

AUTHOR:	Hernandez	BILL NUMBER:	SB 393
SPONSOR:	California Association of Family Physicians, California Association for Nurse Practitioners and others	BILL STATUS:	Senate Rules
SUBJECT:	Medical homes	DATE LAST AMENDED:	2/16/11

SUMMARY:

Existing law provides for the licensure and regulation of clinics and health facilities by the State Department of Public Health. Existing law also provides for the registration, certification, and licensure of various health care professionals and sets forth the scope of practice for these professionals.

ANALYSIS:

This bill would establish the Patient-Centered Medical Home Act of 2011 to encourage licensed health care providers and patients to partner in a patient-centered medical home, that promotes access to high-quality, comprehensive care, in accordance with prescribed requirements.

This bill would provide for a health care delivery model in which a patient establishes an ongoing relationship with a physician or other licensed health care provider acting within the scope of his or her practice, working in a **physician-directed practice team** to provide comprehensive, accessible, and continuous evidence-based primary and preventative care, and to coordinate the patient's health care needs across the health care system in order to improve quality and health outcomes in a cost-effective manner. A team of individuals at the practice level would collectively take responsibility for the ongoing health care of patients. The team would be responsible for providing for all of a patient's health care needs or take responsibility for appropriately arranging health care by other qualified health care professionals, including making appropriate referrals.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

Introduced by Senator Hernandez

February 16, 2011

An act to add Chapter 3.5 (commencing with Section 24300) to Division 20 of the Health and Safety Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

SB 393, as introduced, Hernandez. Medical homes.

Existing law provides for the licensure and regulation of clinics and health facilities by the State Department of Public Health. Existing law also provides for the registration, certification, and licensure of various health care professionals and sets forth the scope of practice for these professionals.

This bill would establish the Patient-Centered Medical Home Act of 2011 to encourage licensed health care providers and patients to partner in a patient-centered medical home, as defined, that promotes access to high-quality, comprehensive care, in accordance with prescribed requirements.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Chapter 3.5 (commencing with Section 24300)
- 2 is added to Division 20 of the Health and Safety Code, to read:

CHAPTER 3.5. PATIENT-CENTERED MEDICAL HOME ACT OF 2011

24300. (a) This chapter shall be known, and may be cited, as the Patient-Centered Medical Home Act of 2011.

(b) It is the intent of the Legislature to encourage licensed health care providers and patients to partner in a patient-centered medical home that promotes access to high-quality, comprehensive care and ultimately to ensure that all Californians have a medical home.

(c) It is the intent of the Legislature that a medical home adhere to quality standards that will do all of the following:

(1) Reduce disparities in health care access, delivery, and health care outcomes.

(2) Improve quality of health care and lower health care costs, thereby creating savings to allow more Californians to have health care coverage and to provide for the sustainability of the health care system.

(3) Integrate medical, mental health, and substance use disorder care.

(4) Remove barriers to receiving appropriate health care.

(d) It is further the intent of the Legislature that payers take into account the increased services and overhead associated with this practice model, and the potential savings from better managing chronic diseases and conditions, including, but not limited to, all of the following:

(1) Coordination of care within the practice and between consultants, ancillary providers, and community resources.

(2) Adoption and use of health information technology for quality improvement.

(3) Increased patient access through advanced appointment systems, electronic patient portals, secure electronic mail, remote access monitoring systems, and telephone consultations.

(4) Risk adjustments based on the case mix, type and severity of patient illness, and patient age for the patient population.

(5) Provision for monetary reimbursement for added services among the various payment systems, including fee-for-service, value-added global, shared savings, and capitated payments.

24301. (a) "Medical home," "patient-centered medical home," "advanced practice primary care," "health home," "person-centered health care home," and "primary care home" all mean a health

1 care delivery model in which a patient establishes an ongoing
2 relationship with a physician or other licensed health care provider
3 acting within the scope of his or her practice, working in a
4 physician-directed practice team to provide comprehensive,
5 accessible, and continuous evidence-based primary and
6 preventative care, and to coordinate the patient's health care needs
7 across the health care system in order to improve quality and health
8 outcomes in a cost-effective manner.

9 (b) A health care delivery model described in this section shall
10 stress a team approach to providing comprehensive health care
11 that fosters a partnership among the patient, the licensed health
12 care provider acting within his or her scope of practice, other health
13 care professionals, and, if appropriate, the patient's family.

14 24302. Unless otherwise provided by statute, a medical home
15 shall include all of the following characteristics:

16 (a) Individual patients have an ongoing relationship with a
17 physician or other licensed health care provider acting within his
18 or her scope of practice, who is trained to provide first contact and
19 continuous and comprehensive care, or if appropriate, provide
20 referrals to health care professionals that provide continuous and
21 comprehensive care.

22 (b) A team of individuals at the practice level collectively take
23 responsibility for the ongoing health care of patients. The team is
24 responsible for providing for all of a patient's health care needs
25 or taking responsibility for appropriately arranging health care by
26 other qualified health care professionals, including making
27 appropriate referrals.

28 (c) Care is coordinated and integrated across all elements of the
29 complex health care system, including mental health and substance
30 use disorder care, and the patient's community. Care is facilitated,
31 if available, by registries, information technology, health
32 information exchanges, and other means to ensure that patients
33 receive the indicated care when and where they need and want the
34 care in a culturally and linguistically appropriate manner.

35 (d) All of the following quality and safety components:

36 (1) The medical home advocates for its patients to support the
37 attainment of optimal, patient-centered outcomes that are defined
38 by a care planning process driven by a compassionate, robust
39 partnership between providers, the patient, and the patient's family.

1 (2) Evidence-based medicine and clinical decision support tools
2 guide decisionmaking.

3 (3) Licensed health care providers in the medical practice who
4 accept accountability for continuous quality improvement through
5 voluntary engagement in performance measurement and
6 improvement.

7 (4) Patients actively participate in decisionmaking and feedback
8 is sought to ensure that the patients' expectations are being met.

9 (5) Information technology is utilized appropriately to support
10 optimal patient care, performance measurement, patient education,
11 and enhanced communication.

12 (6) The medical home participates in a voluntary recognition
13 process conducted by an appropriate nongovernmental entity to
14 demonstrate that the practice has the capabilities to provide
15 patient-centered services consistent with the medical home model.

16 (7) Patients and families participate in quality improvement
17 activities at the practice level.

18 (e) Enhanced access to health care is available through systems
19 such as open scheduling, expanded hours, and new options for
20 communication between the patient, the patient's personal provider,
21 and practice staff.

22 24303. Nothing in this chapter shall be construed to do any of
23 the following:

24 (a) Permit a medical home to engage in or otherwise aid and
25 abet in the unlicensed practice of medicine, either directly or
26 indirectly.

27 (b) Change the scope of practice of physicians and surgeons,
28 nurse practitioners, or other health care providers.

29 (c) Affect the ability of a nurse to operate under standard
30 procedures pursuant to Section 2725 of the Business and
31 Professions Code.

32 (d) Apply to activities of managed care plans, or their
33 contracting providers, or county alternative models of care, or their
34 contracting providers, or local Coverage Expansion and Enrollment
35 Demonstration projects, if those activities are part of demonstration
36 projects developed pursuant to Section 14180 of the Welfare and
37 Institutions Code.

38 (e) Prevent or limit participation in activities authorized by
39 Sections 2703, 3024, and 3502 of the federal Patient Protection
40 and Affordable Care Act (Public Law 111-148), as amended by

- 1 the federal Health Care and Education Reconciliation Act of 2010
- 2 (Public Law 111-152), if the participation is consistent with state
- 3 law pertaining to scope of practice.

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**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 13, 2011
BILL ANALYSIS**

AUTHOR:	Price	BILL NUMBER:	SB 538
SPONSOR:	Price	BILL STATUS:	Senate BP&ED
SUBJECT:	Nursing (Sunset Bill)	DATE LAST AMENDED:	3/21/11

SUMMARY:

Existing law, until January 1, 2012, creates within the Department of Consumer Affairs the Board of Registered Nursing, and provides for the board to select an executive director. Under existing law, boards scheduled for repeal are required to be evaluated by the Joint Sunset Review Committee of the Legislature.

ANALYSIS:

This bill would extend the operations of the Board of Registered Nursing until January 1, 2016, and as of that date, the board would be subject to review by the appropriate policy committees of the Legislature.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

Introduced by Senator Price

February 17, 2011

~~An act to relating to healing arts.~~ *An act to amend Sections 2701 and 2708 of the Business and Professions Code, relating to nursing.*

LEGISLATIVE COUNSEL'S DIGEST

SB 538, as amended, Price. ~~Healing arts.~~ *Nursing.*

Existing law, until January 1, 2012, creates within the Department of Consumer Affairs the Board of Registered Nursing, and provides for the board to select an executive director. Under existing law, boards scheduled for repeal are required to be evaluated by the Joint Sunset Review Committee of the Legislature.

This bill would extend the operation of these provisions until January 1, 2016, and would specify that the board is subject to review by the appropriate policy committees of the Legislature.

~~Existing law provides for the licensure and regulation of healing arts licensees by boards within the Department of Consumer Affairs.~~

~~This bill would declare the intent of the Legislature to enact legislation that would make substantive changes to those healing arts provisions.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~ yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 *SECTION 1. Section 2701 of the Business and Professions*
- 2 *Code is amended to read:*

1 2701. (a) There is in the Department of Consumer Affairs the
2 Board of Registered Nursing consisting of nine members.

3 (b) Within the meaning of this chapter, board, or the board,
4 refers to the Board of Registered Nursing. Any reference in state
5 law to the Board of Nurse Examiners of the State of California or
6 California Board of Nursing Education and Nurse Registration
7 shall be construed to refer to the Board of Registered Nursing.

8 (c) This section shall remain in effect only until January 1, ~~2012~~
9 2016, and as of that date is repealed, unless a later enacted statute,
10 that is enacted before January 1, ~~2012~~ 2016, deletes or extends
11 that date. ~~The Notwithstanding any other provision of law, the~~
12 ~~repeal of this section renders the board subject to the review~~
13 ~~required by Division 1.2 (commencing with Section 473) review~~
14 ~~by the appropriate policy committees of the Legislature.~~

15 *SEC. 2. Section 2708 of the Business and Professions Code is*
16 *amended to read:*

17 2708. (a) The board shall appoint an executive officer who
18 shall perform the duties delegated by the board and who shall be
19 responsible to it for the accomplishment of those duties.

20 (b) The executive officer shall be a nurse currently licensed
21 under this chapter and shall possess other qualifications as
22 determined by the board.

23 (c) The executive officer shall not be a member of the board.

24 (d) This section shall remain in effect only until January 1, ~~2012~~
25 2016, and as of that date is repealed, unless a later enacted statute,
26 that is enacted before January 1, ~~2012~~ 2016, deletes or extends
27 that date.

28 ~~SECTION 1. It is the intent of the Legislature to enact~~
29 ~~legislation that would make substantive changes to the healing arts~~
30 ~~provisions described in Division 2 (commencing with Section 500)~~
31 ~~of the Business and Professions Code.~~

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 13, 2011
BILL ANALYSIS**

AUTHOR:	Kehoe	BILL NUMBER:	SB 747
SPONSOR:	Equality California	BILL STATUS:	Senate BP&ED
SUBJECT:	Continuing Education: Lesbian, gay, bisexual, and transgender patients	DATE LAST AMENDED:	4/4/11

SUMMARY:

Existing law provides for licensing and regulation of various healing arts professions and generally requires licensees to complete continuing education courses in order to remain eligible to renew their licenses or certifications.

ANALYSIS:

This bill would require physicians and surgeons, registered nurses, certified vocational nurses, psychologists, marriage and family therapists, licensed clinical social workers, and psychiatric technicians to complete at least one course of 2 to 5 hours in duration that provides instruction on cultural competency, sensitivity, and best practices for providing adequate care to lesbian, gay, bisexual, and transgender persons, as specified. The bill would require the applicable licensing board to enforce these requirements.

Amended analysis of 4/4/11:

This bill amendment would add physician assistants, nurse practitioners, medical assistants and certified nurse assistants to the provision that require

Currently, the pre-licensure nursing programs are required to include cultural diversity **(1426d)** in the curriculum, thereby, addressing the proposed provisions in this bill. Also, in order for the nurse to renew his/her license, he/she must complete 30 hours of continuing education, and the learning experiences are expected to enhance the knowledge of the Registered Nurse at a level above that required for licensure **(1456c)**.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (3/10/2011)

SUPPORT:

Equality California (source)

OPPOSE:

AMENDED IN SENATE APRIL 4, 2011

SENATE BILL

No. 747

Introduced by Senator Kehoe

February 18, 2011

An act to amend Sections 2190.1, 2811.5, 2892.5, 2915, 3524.5, 4517, 4980.54, and 4996.22 of, *and to add Section 2070.5 to*, the Business and Professions Code, *and to amend Section 1337.3 of the Health and Safety Code*, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 747, as amended, Kehoe. Continuing education: lesbian, gay, bisexual, and transgender patients.

Existing law provides for licensing and regulation of various healing arts professions and generally requires licensees to complete continuing education courses in order to remain eligible to renew their licenses or certifications. *Existing law imposes various training requirements for certified nurse assistants regulated by the State Department of Public Health.*

This bill would require physicians and surgeons, *physician assistants*, registered nurses, ~~certified~~ *licensed* vocational nurses, *nurse practitioners*, psychologists, marriage and family therapists, licensed clinical social workers, ~~and~~ psychiatric technicians, *medical assistants*, *and certified nurse assistants* to complete at least one course of 2 to 5 hours in duration that provides instruction on cultural competency, sensitivity, and best practices for providing adequate care to lesbian, gay, bisexual, and transgender persons, as specified. The bill would require the applicable licensing ~~board~~ *or certifying entity* to enforce these requirements. *The new requirements would become effective on January 1, 2013.*

Vote: majority. Appropriation: no. Fiscal committee: yes.
 State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 2070.5 is added to the Business and
 2 Professions Code, to read:

3 2070.5. On and after January 1, 2013, the board shall require
 4 all medical assistants to take at least one training course that
 5 provides instruction on cultural competency, sensitivity, and best
 6 practices for providing adequate care to lesbian, gay, bisexual,
 7 and transgender persons. The course shall be between two and
 8 five hours in duration and shall contain content similar to the
 9 content described in the publication of the Gay and Lesbian
 10 Medical Association entitled "Guidelines for Care of Lesbian,
 11 Gay, Bisexual and Transgender Patients." The board may specify
 12 the required contents of the course by regulation consistent with
 13 this section. The board shall enforce this requirement in the same
 14 manner as it enforces other requirements applicable to medical
 15 assistants.

16 ~~SECTION 1.~~

17 SEC. 2. Section 2190.1 of the Business and Professions Code
 18 is amended to read:

19 2190.1. (a) The continuing medical education standards of
 20 Section 2190 may be met by educational activities that meet the
 21 standards of the board and serve to maintain, develop, or increase
 22 the knowledge, skills, and professional performance that a
 23 physician and surgeon uses to provide care, or improve the quality
 24 of care provided for patients, including, but not limited to,
 25 educational activities that meet any of the following criteria:

26 (1) Have a scientific or clinical content with a direct bearing on
 27 the quality or cost-effective provision of patient care, community
 28 or public health, or preventive medicine.

29 (2) Concern quality assurance or improvement, risk
 30 management, health facility standards, or the legal aspects of
 31 clinical medicine.

32 (3) Concern bioethics or professional ethics.

33 (4) Are designed to improve the physician-patient relationship.

1 (b) (1) On and after July 1, 2006, all continuing medical
2 education courses shall contain curriculum that includes cultural
3 and linguistic competency in the practice of medicine.

4 (2) Notwithstanding the provisions of paragraph (1), a
5 continuing medical education course dedicated solely to research
6 or other issues that does not include a direct patient care component
7 and a course offered by a continuing medical education provider
8 that is not located in this state are not required to contain
9 curriculum that includes cultural and linguistic competency in the
10 practice of medicine.

11 (3) Associations that accredit continuing medical education
12 courses shall develop standards before July 1, 2006, for compliance
13 with the requirements of paragraph (1). The associations may
14 develop these standards in conjunction with an advisory group that
15 has expertise in cultural and linguistic competency issues.

16 (4) A physician and surgeon who completes a continuing
17 education course meeting the standards developed pursuant to
18 paragraph (3) satisfies the continuing education requirement for
19 cultural and linguistic competency.

20 (c) In order to satisfy the requirements of subdivision (b),
21 continuing medical education courses shall address at least one or
22 a combination of the following:

23 (1) Cultural competency. For the purposes of this section,
24 “cultural competency” means a set of integrated attitudes,
25 knowledge, and skills that enables a health care professional or
26 organization to care effectively for patients from diverse cultures,
27 groups, and communities. At a minimum, cultural competency is
28 recommended to include the following:

29 (A) Applying linguistic skills to communicate effectively with
30 the target population.

31 (B) Utilizing cultural information to establish therapeutic
32 relationships.

33 (C) Eliciting and incorporating pertinent cultural data in
34 diagnosis and treatment.

35 (D) Understanding and applying cultural and ethnic data to the
36 process of clinical care.

37 (2) Linguistic competency. For the purposes of this section,
38 “linguistic competency” means the ability of a physician and
39 surgeon to provide patients who do not speak English or who have

1 limited ability to speak English, direct communication in the
2 patient's primary language.

3 (3) A review and explanation of relevant federal and state laws
4 and regulations regarding linguistic access, including, but not
5 limited to, the federal Civil Rights Act (42 U.S.C. Sec. 1981, et
6 seq.), Executive Order 13166 of August 11, 2000, of the President
7 of the United States, and the Dymally-Alatorre Bilingual Services
8 Act (Chapter 17.5 (commencing with Section 7290) of Division
9 7 of Title 1 of the Government Code).

10 (d) On and after January 1, ~~2012~~ 2013, the board shall require
11 all of its licensees *under this chapter* to take at least one continuing
12 education course that provides instruction on cultural competency,
13 sensitivity, and best practices for providing adequate care to
14 lesbian, gay, bisexual, and transgender persons. Persons licensed
15 by the board before January 1, ~~2012~~ 2013, shall complete the
16 course no later January 1, ~~2016~~ 2017. Persons who are newly
17 licensed by the board on and after January 1, ~~2012~~ 2013, shall
18 complete the course within four years of their initial license
19 issuance date or their second license renewal date, whichever
20 occurs first. The course shall be between two and five hours in
21 duration and shall contain content similar to the content described
22 in the publication of the Gay and Lesbian Medical Association
23 entitled "Guidelines for Care of Lesbian, Gay, Bisexual and
24 Transgender Patients." The board may specify the required contents
25 of the course by regulation consistent with this subdivision. The
26 board shall enforce this requirement in the same manner as it
27 enforces other required continuing education requirements.

28 (e) Notwithstanding subdivision (a), educational activities that
29 are not directed toward the practice of medicine, or are directed
30 primarily toward the business aspects of medical practice,
31 including, but not limited to, medical office management, billing
32 and coding, and marketing shall not be deemed to meet the
33 continuing medical education standards for licensed physicians
34 and surgeons.

35 (f) Educational activities that meet the content standards set
36 forth in this section and are accredited by the California Medical
37 Association or the Accreditation Council for Continuing Medical
38 Education may be deemed by the Division of Licensing to meet
39 its continuing medical education standards.

1 ~~SEC. 2.~~

2 *SEC. 3.* Section 2811.5 of the Business and Professions Code
3 is amended to read:

4 2811.5. (a) Each person renewing his or her license under
5 Section 2811 shall submit proof satisfactory to the board that,
6 during the preceding two-year period, he or she has been informed
7 of the developments in the registered nurse field or in any special
8 area of practice engaged in by the licensee, occurring since the
9 last renewal thereof, either by pursuing a course or courses of
10 continuing education in the registered nurse field or relevant to
11 the practice of the licensee, and approved by the board, or by other
12 means deemed equivalent by the board.

13 (b) For purposes of this section, the board shall, by regulation,
14 establish standards for continuing education. The standards shall
15 be established in a manner to assure that a variety of alternative
16 forms of continuing education are available to licensees, including,
17 but not limited to, academic studies, in-service education, institutes,
18 seminars, lectures, conferences, workshops, extension studies, and
19 home study programs. The standards shall take cognizance of
20 specialized areas of practice. The continuing education standards
21 established by the board shall not exceed 30 hours of direct
22 participation in a course or courses approved by the board, or its
23 equivalent in the units of measure adopted by the board.

24 (c) The board shall encourage continuing education in spousal
25 or partner abuse detection and treatment. In the event the board
26 establishes a requirement for continuing education coursework in
27 spousal or partner abuse detection or treatment, that requirement
28 shall be met by each licensee within no more than four years from
29 the date the requirement is imposed.

30 (d) In establishing standards for continuing education, the board
31 shall consider including a course in the special care needs of
32 individuals and their families facing end-of-life issues, including,
33 but not limited to, all of the following:

- 34 (1) Pain and symptom management.
- 35 (2) The psycho-social dynamics of death.
- 36 (3) Dying and bereavement.
- 37 (4) Hospice care.

38 (e) In establishing standards for continuing education, the board
39 may include a course on pain management.

1 (f) This section shall not apply to licensees during the first two
2 years immediately following their initial licensure in California
3 or any other governmental jurisdiction.

4 (g) On and after January 1, ~~2012~~ 2013, the board shall require
5 all of its licensees to take at least one continuing education course
6 that provides instruction on cultural competency, sensitivity, and
7 best practices for providing adequate care to lesbian, gay, bisexual,
8 and transgender persons. Persons licensed by the board before
9 January 1, ~~2012~~ 2013, shall complete the course no later January
10 1, ~~2016~~ 2017. Persons who are newly licensed by the board on and
11 after January 1, ~~2012~~ 2013, shall complete the course within four
12 years of their initial license issuance date or their second license
13 renewal date, whichever occurs first. The course shall be between
14 two and five hours in duration and shall contain content similar to
15 the content described in the publication of the Gay and Lesbian
16 Medical Association entitled “Guidelines for Care of Lesbian,
17 Gay, Bisexual and Transgender Patients.” The board may specify
18 the required contents of the course by regulation consistent with
19 this subdivision. The board shall enforce this requirement in the
20 same manner as it enforces other required continuing education
21 requirements.

22 (h) The board may, in accordance with the intent of this section,
23 make exceptions from continuing education requirements for
24 licensees residing in another state or country, or for reasons of
25 health, military service, or other good cause.

26 (i) *This section shall apply to all persons licensed under this*
27 *chapter, including nurse practitioners.*

28 ~~SEC. 3.~~

29 *SEC. 4.* Section 2892.5 of the Business and Professions Code
30 is amended to read:

31 2892.5. (a) Each person renewing his or her license under the
32 provisions of this chapter shall submit proof satisfactory to the
33 board that, during the preceding two-year period, he or she has
34 informed himself or herself of developments in the vocational
35 nurse field or in any special area of vocational nurse practice,
36 occurring since the issuance of his or her certificate, or the last
37 renewal thereof, whichever last occurred, either by pursuing a
38 course or courses of continuing education approved by the board
39 in the vocational nurse field or relevant to the practice of such

1 licensee, and approved by the board; or by other means deemed
2 equivalent by the board.

3 (b) For purposes of this section, the board shall, by regulation,
4 establish standards for continuing education. The standards shall
5 be established in a manner to assure that a variety of alternative
6 forms of continuing education are available to licensees including,
7 but not limited to, academic studies, in-service education, institutes,
8 seminars, lectures, conferences, workshops, extension studies, and
9 home study programs. The standards shall take cognizance of
10 specialized areas of practice. The continuing education standards
11 established by the board shall not exceed 30 hours of direct
12 participation in a course or courses approved by the board, or its
13 equivalent in the units of measure adopted by the board.

14 (c) This section shall not apply to the first license renewal
15 following the initial issuance of a license.

16 (d) On and after January 1, ~~2012~~ 2013, the board shall require
17 all of its licensees to take at least one continuing education course
18 that provides instruction on cultural competency, sensitivity, and
19 best practices for providing adequate care to lesbian, gay, bisexual,
20 and transgender persons. Persons licensed by the board before
21 January 1, ~~2012~~ 2013, shall complete the course no later January
22 1, ~~2016~~ 2017. Persons who are newly licensed by the board on and
23 after January 1, ~~2012~~ 2013, shall complete the course within four
24 years of their initial license issuance date or their second license
25 renewal date, whichever occurs first. The course shall be between
26 two and five hours in duration and shall contain content similar to
27 the content described in the publication of the Gay and Lesbian
28 Medical Association entitled “Guidelines for Care of Lesbian,
29 Gay, Bisexual and Transgender Patients.” The board may specify
30 the required contents of the course by regulation consistent with
31 this subdivision. The board shall enforce this requirement in the
32 same manner as it enforces other required continuing education
33 requirements.

34 (e) The board may, in accordance with the intent of this section,
35 make exceptions from continuing education for licensees residing
36 in another state or country, or for reasons of health, military service,
37 or other good cause.

38 ~~SEC. 4.~~

39 *SEC. 5.* Section 2915 of the Business and Professions Code is
40 amended to read:

1 2915. (a) Except as provided in this section, on or after January
2 1, 1996, the board shall not issue any renewal license unless the
3 applicant submits proof that he or she has completed no less than
4 18 hours of approved continuing education in the preceding year.
5 On or after January 1, 1997, except as provided in this section, the
6 board shall issue renewal licenses only to those applicants who
7 have completed 36 hours of approved continuing education in the
8 preceding two years.

9 (b) Each person renewing his or her license issued pursuant to
10 this chapter shall submit proof of compliance with this section to
11 the board. False statements submitted pursuant to this section shall
12 be a violation of Section 2970.

13 (c) A person applying for relicensure or for reinstatement to an
14 active license status shall certify under penalty of perjury that he
15 or she is in compliance with this section.

16 (d) (1) The continuing education requirement shall include, but
17 shall not be limited to, courses required pursuant to Sections 25
18 and 28. The requirement may include courses pursuant to Sections
19 32 and 2914.1.

20 (2) (A) The board shall require a licensed psychologist who
21 began graduate study prior to January 1, 2004, to take a continuing
22 education course during his or her first renewal period after the
23 operative date of this section in spousal or partner abuse
24 assessment, detection, and intervention strategies, including
25 community resources, cultural factors, and same gender abuse
26 dynamics. Equivalent courses in spousal or partner abuse
27 assessment, detection, and intervention strategies taken prior to
28 the operative date of this section or proof of equivalent teaching
29 or practice experience may be submitted to the board and at its
30 discretion, may be accepted in satisfaction of this requirement.

31 (B) Continuing education courses taken pursuant to this
32 paragraph shall be applied to the 36 hours of approved continuing
33 education required under subdivision (a).

34 (C) A licensed psychologist whose practice does not include
35 the direct provision of mental health services may apply to the
36 board for an exemption from the requirements of this paragraph.

37 (3) Continuing education instruction approved to meet the
38 requirements of this section shall be completed within the State
39 of California, or shall be approved for continuing education credit

1 by the American Psychological Association or its equivalent as
2 approved by the board.

3 (e) The board may establish a policy for exceptions from the
4 continuing education requirement of this section.

5 (f) The board may recognize continuing education courses that
6 have been approved by one or more private nonprofit organizations
7 that have at least 10 years' experience managing continuing
8 education programs for psychologists on a statewide basis,
9 including, but not limited to:

10 (1) Maintaining and managing related records and data.

11 (2) Monitoring and approving courses.

12 (g) The board shall adopt regulations as necessary for
13 implementation of this section.

14 (h) A licensed psychologist shall choose continuing education
15 instruction that is related to the assessment, diagnosis, and
16 intervention for the client population being served or to the fields
17 of psychology in which the psychologist intends to provide
18 services, that may include new theoretical approaches, research,
19 and applied techniques. Continuing education instruction shall
20 include required courses specified in subdivision (d).

21 (i) A psychologist shall not practice outside his or her particular
22 field or fields of competence as established by his or her education,
23 training, continuing education, and experience.

24 (j) On and after January 1, ~~2012~~ 2013, the board shall require
25 every person licensed under this chapter to take at least one
26 continuing education course that provides instruction on cultural
27 competency, sensitivity, and best practices for providing adequate
28 care to lesbian, gay, bisexual, and transgender persons. Persons
29 licensed by the board before January 1, ~~2012~~ 2013, shall complete
30 the course no later January 1, ~~2016~~ 2017. Persons who are newly
31 licensed by the board under this chapter on and after January 1,
32 ~~2012~~ 2013, shall complete the course within four years of their
33 initial license issuance date or their second license renewal date,
34 whichever occurs first. The course shall be between two and five
35 hours in duration and shall contain content similar to the content
36 described in the publication of the Gay and Lesbian Medical
37 Association entitled "Guidelines for Care of Lesbian, Gay, Bisexual
38 and Transgender Patients." The board may specify the required
39 contents of the course by regulation consistent with this
40 subdivision. The board shall enforce this requirement in the same

1 manner as it enforces other required continuing education
2 requirements.

3 (k) The administration of this section may be funded through
4 professional license fees and continuing education provider and
5 course approval fees, or both. The fees related to the administration
6 of this section shall not exceed the costs of administering the
7 corresponding provisions of this section.

8 (l) Continuing education credit may be approved for those
9 licensees who serve as commissioners on any examination pursuant
10 to Section 2947, subject to limitations established by the board.

11 *SEC. 6. Section 3524.5 of the Business and Professions Code*
12 *is amended to read:*

13 3524.5. (a) The committee may require a licensee to complete
14 continuing education as a condition of license renewal under
15 Section 3523 or 3524. The committee shall not require more than
16 50 hours of continuing education every two years. The committee
17 shall, as it deems appropriate, accept certification by the National
18 Commission on Certification of Physician Assistants (NCCPA),
19 or another qualified certifying body, as determined by the
20 committee, as evidence of compliance with continuing education
21 requirements.

22 (b) *On and after January 1, 2013, the board shall require all*
23 *of its licensees under this chapter to take at least one continuing*
24 *education course that provides instruction on cultural competency,*
25 *sensitivity, and best practices for providing adequate care to*
26 *lesbian, gay, bisexual, and transgender persons. Persons licensed*
27 *by the board before January 1, 2013, shall complete the course*
28 *no later January 1, 2017. Persons who are newly licensed by the*
29 *board on and after January 1, 2013, shall complete the course*
30 *within four years of their initial license issuance date or their*
31 *second license renewal date, whichever occurs first. The course*
32 *shall be between two and five hours in duration and shall contain*
33 *content similar to the content described in the publication of the*
34 *Gay and Lesbian Medical Association entitled "Guidelines for*
35 *Care of Lesbian, Gay, Bisexual and Transgender Patients." The*
36 *board may specify the required contents of the course by regulation*
37 *consistent with this subdivision. The board shall enforce this*
38 *requirement in the same manner as it enforces other required*
39 *continuing education requirements.*

1 ~~SEC. 5.~~

2 *SEC. 7.* Section 4517 of the Business and Professions Code is
3 amended to read:

4 4517. (a) The board may, in its discretion, provide for a
5 continuing education program in connection with the professional
6 functions and courses described in this chapter. The number of
7 course hours that the board may require in a continuing education
8 program shall not exceed the number of course hours prescribed
9 for licensed vocational nurses pursuant to Section 2892.5.

10 (b) On and after January 1, ~~2012~~ 2013, the board shall require
11 all of its licensees to take at least one continuing education course
12 that provides instruction on cultural competency, sensitivity, and
13 best practices for providing adequate care to lesbian, gay, bisexual,
14 and transgender persons. Persons licensed by the board before
15 January 1, ~~2012~~ 2013, shall complete the course no later January
16 1, ~~2016~~ 2017. Persons who are newly licensed by the board on and
17 after January 1, ~~2012~~ 2013, shall complete the course within four
18 years of their initial license issuance date or their second license
19 renewal date, whichever occurs first. The course shall be between
20 two and five hours in duration and shall contain content similar to
21 the content described in the publication of the Gay and Lesbian
22 Medical Association entitled “Guidelines for Care of Lesbian,
23 Gay, Bisexual and Transgender Patients.” The board may specify
24 the required contents of the course by regulation consistent with
25 this subdivision. The board shall enforce this requirement in the
26 same manner as it enforces other required continuing education
27 requirements.

28 ~~SEC. 6.~~

29 *SEC. 8.* Section 4980.54 of the Business and Professions Code
30 is amended to read:

31 4980.54. (a) The Legislature recognizes that the education and
32 experience requirements in this chapter constitute only minimal
33 requirements to assure that an applicant is prepared and qualified
34 to take the licensure examinations as specified in subdivision (d)
35 of Section 4980.40 and, if he or she passes those examinations, to
36 begin practice.

37 (b) In order to continuously improve the competence of licensed
38 marriage and family therapists and as a model for all
39 psychotherapeutic professions, the Legislature encourages all

1 licensees to regularly engage in continuing education related to
2 the profession or scope of practice as defined in this chapter.

3 (c) Except as provided in subdivision (e), the board shall not
4 renew any license pursuant to this chapter unless the applicant
5 certifies to the board, on a form prescribed by the board, that he
6 or she has completed not less than 36 hours of approved continuing
7 education in or relevant to the field of marriage and family therapy
8 in the preceding two years, as determined by the board.

9 (d) The board shall have the right to audit the records of any
10 applicant to verify the completion of the continuing education
11 requirement. Applicants shall maintain records of completion of
12 required continuing education coursework for a minimum of two
13 years and shall make these records available to the board for
14 auditing purposes upon request.

15 (e) The board may establish exceptions from the continuing
16 education requirements of this section for good cause, as defined
17 by the board.

18 (f) The continuing education shall be obtained from one of the
19 following sources:

20 (1) An accredited school or state-approved school that meets
21 the requirements set forth in Section 4980.36 or 4980.37. Nothing
22 in this paragraph shall be construed as requiring coursework to be
23 offered as part of a regular degree program.

24 (2) Other continuing education providers, including, but not
25 limited to, a professional marriage and family therapist association,
26 a licensed health facility, a governmental entity, a continuing
27 education unit of an accredited four-year institution of higher
28 learning, or a mental health professional association, approved by
29 the board.

30 (g) The board shall establish, by regulation, a procedure for
31 approving providers of continuing education courses, and all
32 providers of continuing education, as described in paragraphs (1)
33 and (2) of subdivision (f), shall adhere to procedures established
34 by the board. The board may revoke or deny the right of a provider
35 to offer continuing education coursework pursuant to this section
36 for failure to comply with the requirements of this section or any
37 regulation adopted pursuant to this section.

38 (h) Training, education, and coursework by approved providers
39 shall incorporate one or more of the following:

1 (1) Aspects of the discipline that are fundamental to the
2 understanding or the practice of marriage and family therapy.

3 (2) Aspects of the discipline of marriage and family therapy in
4 which significant recent developments have occurred.

5 (3) Aspects of other disciplines that enhance the understanding
6 or the practice of marriage and family therapy.

7 (i) A system of continuing education for licensed marriage and
8 family therapists shall include courses directly related to the
9 diagnosis, assessment, and treatment of the client population being
10 served.

11 (j) On and after January 1, ~~2012~~ 2013, the board shall require
12 all of its licensees to take at least one continuing education course
13 that provides instruction on cultural competency, sensitivity, and
14 best practices for providing adequate care to lesbian, gay, bisexual,
15 and transgender persons. Persons licensed by the board before
16 January 1, ~~2012~~ 2013, shall complete the course no later January
17 1, ~~2016~~ 2017. Persons who are newly licensed by the board on and
18 after January 1, ~~2012~~ 2013, shall complete the course within four
19 years of their initial license issuance date or their second license
20 renewal date, whichever occurs first. The course shall be between
21 two and five hours in duration and shall contain content similar to
22 the content described in the publication of the Gay and Lesbian
23 Medical Association entitled “Guidelines for Care of Lesbian,
24 Gay, Bisexual and Transgender Patients.” The board may specify
25 the required contents of the course by regulation consistent with
26 this subdivision. The board shall enforce this requirement in the
27 same manner as it enforces other required continuing education
28 requirements.

29 (k) The board shall, by regulation, fund the administration of
30 this section through continuing education provider fees to be
31 deposited in the Behavioral Sciences Fund. The fees related to the
32 administration of this section shall be sufficient to meet, but shall
33 not exceed, the costs of administering the corresponding provisions
34 of this section. For purposes of this subdivision, a provider of
35 continuing education as described in paragraph (1) of subdivision
36 (f) shall be deemed to be an approved provider.

37 (l) The continuing education requirements of this section shall
38 comply fully with the guidelines for mandatory continuing
39 education established by the Department of Consumer Affairs
40 pursuant to Section 166.

1 ~~SEC. 7.~~

2 *SEC. 9.* Section 4996.22 of the Business and Professions Code
3 is amended to read:

4 4996.22. (a) (1) Except as provided in subdivision (c), the
5 board shall not renew any license pursuant to this chapter unless
6 the applicant certifies to the board, on a form prescribed by the
7 board, that he or she has completed not less than 36 hours of
8 approved continuing education in or relevant to the field of social
9 work in the preceding two years, as determined by the board.

10 (2) The board shall not renew any license of an applicant who
11 began graduate study prior to January 1, 2004, pursuant to this
12 chapter unless the applicant certifies to the board that during the
13 applicant’s first renewal period after the operative date of this
14 section, he or she completed a continuing education course in
15 spousal or partner abuse assessment, detection, and intervention
16 strategies, including community resources, cultural factors, and
17 same gender abuse dynamics. On and after January 1, 2005, the
18 course shall consist of not less than seven hours of training.
19 Equivalent courses in spousal or partner abuse assessment,
20 detection, and intervention strategies taken prior to the operative
21 date of this section or proof of equivalent teaching or practice
22 experience may be submitted to the board and at its discretion,
23 may be accepted in satisfaction of this requirement. Continuing
24 education courses taken pursuant to this paragraph shall be applied
25 to the 36 hours of approved continuing education required under
26 paragraph (1).

27 (b) The board shall have the right to audit the records of any
28 applicant to verify the completion of the continuing education
29 requirement. Applicants shall maintain records of completion of
30 required continuing education coursework for a minimum of two
31 years and shall make these records available to the board for
32 auditing purposes upon request.

33 (c) The board may establish exceptions from the continuing
34 education requirement of this section for good cause as defined
35 by the board.

36 (d) The continuing education shall be obtained from one of the
37 following sources:

38 (1) An accredited school of social work, as defined in Section
39 4991.2, or a school or department of social work that is a candidate
40 for accreditation by the Commission on Accreditation of the

1 Council on Social Work Education. Nothing in this paragraph shall
2 be construed as requiring coursework to be offered as part of a
3 regular degree program.

4 (2) Other continuing education providers, including, but not
5 limited to, a professional social work association, a licensed health
6 facility, a governmental entity, a continuing education unit of an
7 accredited four-year institution of higher learning, and a mental
8 health professional association, approved by the board.

9 (e) The board shall establish, by regulation, a procedure for
10 approving providers of continuing education courses, and all
11 providers of continuing education, as described in paragraphs (1)
12 and (2) of subdivision (d), shall adhere to the procedures
13 established by the board. The board may revoke or deny the right
14 of a provider to offer continuing education coursework pursuant
15 to this section for failure to comply with the requirements of this
16 section or any regulation adopted pursuant to this section.

17 (f) Training, education, and coursework by approved providers
18 shall incorporate one or more of the following:

19 (1) Aspects of the discipline that are fundamental to the
20 understanding, or the practice, of social work.

21 (2) Aspects of the social work discipline in which significant
22 recent developments have occurred.

23 (3) Aspects of other related disciplines that enhance the
24 understanding, or the practice, of social work.

25 (g) A system of continuing education for licensed clinical social
26 workers shall include courses directly related to the diagnosis,
27 assessment, and treatment of the client population being served.

28 (h) The continuing education requirements of this section shall
29 comply fully with the guidelines for mandatory continuing
30 education established by the Department of Consumer Affairs
31 pursuant to Section 166.

32 (i) On and after January 1, ~~2012~~ 2013, the board shall require
33 all of its licensees to take at least one continuing education course
34 that provides instruction on cultural competency, sensitivity, and
35 best practices for providing adequate care to lesbian, gay, bisexual,
36 and transgender persons. Persons licensed by the board before
37 January 1, ~~2012~~ 2013, shall complete the course no later January
38 1, ~~2016~~ 2017. Persons who are newly licensed by the board on and
39 after January 1, ~~2012~~ 2013, shall complete the course within four
40 years of their initial license issuance date or their second license

1 renewal date, whichever occurs first. The course shall be between
2 two and five hours in duration and shall contain content similar to
3 the content described in the publication of the Gay and Lesbian
4 Medical Association entitled “Guidelines for Care of Lesbian,
5 Gay, Bisexual and Transgender Patients.” The board may specify
6 the required contents of the course by regulation consistent with
7 this subdivision. The board shall enforce this requirement in the
8 same manner as it enforces other required continuing education
9 requirements.

10 (j) The board may adopt regulations as necessary to implement
11 this section.

12 (k) The board shall, by regulation, fund the administration of
13 this section through continuing education provider fees to be
14 deposited in the Behavioral Science Examiners Fund. The fees
15 related to the administration of this section shall be sufficient to
16 meet, but shall not exceed, the costs of administering the
17 corresponding provisions of this section. For purposes of this
18 subdivision, a provider of continuing education as described in
19 paragraph (1) of subdivision (d) shall be deemed to be an approved
20 provider.

21 *SEC. 10. Section 1337.3 of the Health and Safety Code is*
22 *amended to read:*

23 1337.3. (a) The state department shall prepare and maintain
24 a list of approved training programs for nurse assistant certification.
25 The list shall include training programs conducted by skilled
26 nursing or intermediate care facilities, as well as local agencies
27 and education programs. In addition, the list shall include
28 information on whether a training center is currently training nurse
29 assistants, their competency test pass rates, and the number of
30 nurse assistants they have trained. Clinical portions of the training
31 programs may be obtained as on-the-job training, supervised by a
32 qualified director of staff development or licensed nurse.

33 (b) It shall be the duty of the state department to inspect a
34 representative sample of training programs. The state department
35 shall protect consumers and students in any training program
36 against fraud, misrepresentation, or other practices that may result
37 in improper or excessive payment of funds paid for training
38 programs. In evaluating a training center’s training program, the
39 state department shall examine each training center’s trainees’
40 competency test passage rate, and require each program to maintain

1 an average 60 percent test score passage rate to maintain its
2 participation in the program. The average test score passage rate
3 shall be calculated over a two-year period. If the state department
4 determines that any training program is not complying with
5 regulations or is not meeting the competency passage rate
6 requirements, notice thereof in writing shall be immediately given
7 to the program. If the program has not been brought into
8 compliance within a reasonable time, the program may be removed
9 from the approved list and notice thereof in writing given to it.
10 Programs removed under this article shall be afforded an
11 opportunity to request reinstatement of program approval at any
12 time. The state department's district offices shall inspect
13 facility-based centers as part of their annual survey.

14 (c) Notwithstanding Section 1337.1, the approved training
15 program shall consist of at least the following:

16 (1) A 16-hour orientation program to be given to newly
17 employed nurse assistants prior to providing direct patient care,
18 and consistent with federal training requirements for facilities
19 participating in the Medicare or ~~medicaid~~ *Medicaid* programs.

20 (2) (A) A certification training program consisting of at least
21 60 classroom hours of training on basic nursing skills, patient
22 safety and rights, the social and psychological problems of patients,
23 and elder abuse recognition and reporting pursuant to subdivision
24 (e) of Section 1337.1. The 60 classroom hours of training may be
25 conducted within a skilled nursing facility, an intermediate care
26 facility, or an educational institution.

27 (B) In addition to the 60 classroom hours of training required
28 under subparagraph (A), the certification program shall also consist
29 of 100 hours of supervised and on-the-job training clinical practice.
30 The 100 hours may consist of normal employment as a nurse
31 assistant under the supervision of either the director of staff
32 development or a licensed nurse qualified to provide nurse assistant
33 training who has no other assigned duties while providing the
34 training.

35 (3) At least two hours of the 60 hours of classroom training and
36 at least four hours of the 100 hours of the supervised clinical
37 training shall address the special needs of persons with
38 developmental and mental disorders, including mental retardation,
39 Alzheimer's disease, cerebral palsy, epilepsy, dementia,
40 Parkinson's disease, and mental illness.

1 (4) *On and after January 1, 2013, at least two, but not more*
2 *than five, hours of the classroom training shall provide instruction*
3 *on cultural competency, sensitivity, and best practices for providing*
4 *adequate care to lesbian, gay, bisexual, and transgender persons.*
5 *Persons certified by the state department under this article before*
6 *January 1, 2013, shall complete the course no later January 1,*
7 *2017. Persons who are newly certified by the state department*
8 *under this article on and after January 1, 2013, shall complete the*
9 *course within four years of their initial certificate issuance date*
10 *or their second certificate renewal date, whichever occurs first.*
11 *The instruction shall contain content similar to the content*
12 *described in the publication of the Gay and Lesbian Medical*
13 *Association entitled “Guidelines for Care of Lesbian, Gay, Bisexual*
14 *and Transgender Patients.” The state department may specify the*
15 *required contents of the course by regulation consistent with this*
16 *paragraph. The state department shall enforce this requirement*
17 *in the same manner as it enforces other required training*
18 *requirements.*

19 (d) The state department, in consultation with the State
20 Department of Education and other appropriate organizations, shall
21 develop criteria for approving training programs, that includes
22 program content for orientation, training, inservice and the
23 examination for testing knowledge and skills related to basic patient
24 care services and shall develop a plan that identifies and encourages
25 career ladder opportunities for certified nurse assistants. This group
26 shall also recommend, and the department shall adopt, regulation
27 changes necessary to provide for patient care when facilities utilize
28 noncertified nurse assistants who are performing direct patient
29 care. The requirements of this subdivision shall be established by
30 January 1, 1989.

31 (e) On or before January 1, 2004, the state department, in
32 consultation with the State Department of Education, the American
33 Red Cross, and other appropriate organizations, shall do the
34 following:

35 (1) Review the current examination for approved training
36 programs for certified nurse assistants to ensure the accurate
37 assessment of whether a nurse assistant has obtained the required
38 knowledge and skills related to basic patient care services.

1 (2) Develop a plan that identifies and encourages career ladder
2 opportunities for certified nurse assistants, including the application
3 of on-the-job post-certification hours to educational credits.

4 (f) A skilled nursing or intermediate care facility shall determine
5 the number of specific clinical hours within each module identified
6 by the state department required to meet the requirements of
7 subdivision (d), subject to subdivisions (b) and (c). The facility
8 shall consider the specific hours recommended by the state
9 department when adopting the certification training program
10 required by this chapter.

11 (g) This article shall not apply to a program conducted by any
12 church or denomination for the purpose of training the adherents
13 of the church or denomination in the care of the sick in accordance
14 with its religious tenets.

15 (h) The Chancellor of the California Community Colleges shall
16 provide to the state department a standard process for approval of
17 college credit. The state department shall make this information
18 available to all training programs in the state.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 13, 2011
BILL ANALYSIS**

AUTHOR:	Price	BILL NUMBER:	SB 943
SPONSOR:	Committee on Business, Professions & Economic Development	BILL STATUS:	Introduced
SUBJECT:	Healing Arts (Omnibus Bill)	DATE LAST AMENDED:	3/31/11

SUMMARY:

Existing law, the Nursing Practice Act, provides for the licensure and regulation of registered nurses by the Board of Registered Nursing.

Existing law requires applicants for licensure as a registered nurse to meet certain educational requirements, to have completed specified courses of instruction, and to not be subject to denial of licensure under specified circumstances. Existing law authorizes applicants who have served on active duty in the medical corps in the United States Armed Forces to submit a record of specified training to the board for evaluation in order to satisfy the courses of instruction requirement. Under existing law, if the applicant satisfies the other general licensure requirements and if the board determines that both education and experience establish competency to practice registered nursing, the applicant shall be granted a license upon passing a certain examination,

Existing law allows for furnishing or ordering of drugs or devices by nurse practitioner who is authorized and registered with the United States Drug Enforcement Administration. This section of code incorrectly references an incorrect and nonexistent section of code.

ANALYSIS:

This bill would limit the requirements for the Board to determine the eligibility for a member of the military to sit for a licensure examination to be based on education only, not experience.

Business and Professions Code 2736.5. (a) would be amended as follows:

Any person who has served on active duty in the medical corps of any of the armed forces of the United States and who has successfully completed the course of instruction required to qualify him for rating as a medical service technician—*independent duty*, or other equivalent rating in his particular branch of the armed forces, and whose service in the armed forces has been under honorable conditions, may submit the record of such training to the board for evaluation.

(b) If such person meets the qualifications of paragraphs (1) and (3) of subdivision (a) of Section 2736, and if the board determines that his education ~~and experience~~ would give reasonable assurance of competence to practice as a registered nurse in this state, he shall be granted a license upon passing the standard examination for such licensure.

(c) The board shall, by regulation, establish criteria for evaluating the education ~~and experience~~ of applicants under this section.

(d) The board shall maintain records of the following categories of applicants under this section:

(1) Applicants who are rejected for examination, and the areas of such applicants' preparation which are the causes of rejection.

(2) Applicants who are qualified by their military education ~~and experience~~ alone to take the examination, and the results of their examinations.

(3) Applicants who are qualified to take the examination by their military education ~~and experience~~ plus supplementary education, and the results of their examinations.

(e) The board shall attempt to contact by mail or other means individuals meeting the requirements of subdivision (a) who have been or will be discharged or separated from the armed forces of the United States, in order to inform them of the application procedure provided by this section. The board may enter into an agreement with the federal government in order to secure the names and addresses of such individuals.

This bill would also correct an error in existing law that cites an incorrect and nonexistent code section, by replacing the citation with the correct code section.

Business and Professions Code 2836.2. would be amended as follows:

Furnishing or ordering of drugs or devices by nurse practitioners is defined to mean the act of making a pharmaceutical agent or agents available to the patient in strict accordance with a standardized procedure. All nurse practitioners who are authorized pursuant to Section ~~2831.4~~ **2836.1** to furnish or issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

Introduced by Committee on Business, Professions and Economic Development (Senators Price (Chair), Corbett, Correa, Emmerson, Hernandez, Negrete McLeod, Vargas, Walters, and Wyland)

March 31, 2011

An act to amend Sections 1916, 1918, 1922, 1927, 1950, 1952, 1955, 1957, 1959, 1961, 1962, 1963, 1966.1, 2736.5, 2836.2, 2936, 4200, 4980.36, 4980.37, 4980.40.5, 4980.42, 4980.43, 4980.45, 4982.25, 4989.54, 4990.38, 4992.3, 4992.36, 4996.13, 4996.24, 4999.12, and 4999.90 of, to add Sections 1902.1, 4999.91, and 4999.455 to, and to repeal Section 1945 of, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 943, as introduced, Committee on Business, Professions and Economic Development. Healing arts.

Existing law provides for the licensure and regulation of various healing arts licensees by boards within the Department of Consumer Affairs.

(1) Existing law, the Dental Practice Act, provides for the licensure and regulation of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions by the Dental Hygiene Committee of California within the Dental Board of California.

Existing law requires applicants for licensure to provide fingerprint images for submission to governmental agencies, in order to, among other things, establish the identity of the applicant. Existing law requires the committee to submit these fingerprint images to the Department of Justice in order to obtain specified criminal offender record information.

This bill would delete that committee submittal requirement and would require applicants to submit electronic fingerprint images.

Existing law requires the committee to license as a registered dental hygienist in extended functions or a registered dental hygienist in alternative practice a person who meets certain educational, training, and examination requirements.

This bill would additionally require these applicants to complete an application and pay required application fees.

Under existing law, a licensee may have his or her license revoked or suspended, or may be reprimanded or placed on probation by the committee, for conviction of a crime substantially related to the licensee's qualifications, functions, or duties. Existing law authorizes the committee to order a license suspended or revoked or to decline to issue a license if certain procedural events occur.

This bill would additionally authorize the committee to reprimand a licensee or order a license placed on probation.

Under existing law, a licensee or health care facility that fails to comply with a specified request from the committee for a patient's dental hygiene records is subject to a \$250 per day civil penalty for each day that the records have not been produced, as specified.

This bill would additionally require licensees and health care facilities to comply with a request for a patient's dental records and would make them subject to a civil or administrative penalty or fine up to a maximum of \$250 per day for each day that the records have not been produced, as specified.

(2) Existing law, the Nursing Practice Act, provides for the licensure and regulation of registered nurses by the Board of Registered Nursing.

Existing law requires applicants for licensure as a registered nurse to meet certain educational requirements, to have completed specified courses of instruction, and to not be subject to denial of licensure under specified circumstances. Existing law authorizes applicants who have served on active duty in the medical corps in the United States Armed Forces to submit a record of specified training to the board for evaluation in order to satisfy the courses of instruction requirement. Under existing law, if the applicant satisfies the other general licensure requirements and if the board determines that both education and experience establish competency to practice registered nursing, the applicant shall be granted a license upon passing a certain examination.

This bill would limit that board determination to be based on education only.

1 or the illegal possession, prescription, or nonviolent procurement
2 of any controlled substance or dangerous drugs for
3 self-administration that does not involve actual, direct harm to the
4 public, the committee shall close the investigation without further
5 action if the licensee is accepted into the committee's diversion
6 program and successfully completes the requirements of the
7 program. If the licensee withdraws or is terminated from the
8 program by a diversion evaluation committee, the investigation
9 shall be reopened and disciplinary action imposed, if warranted,
10 as determined by the committee.

11 (e) Neither acceptance nor participation in the diversion program
12 shall preclude the committee from investigating or continuing to
13 investigate, or taking disciplinary action or continuing to take
14 disciplinary action against, any licensee for any unprofessional
15 conduct committed before, during, or after participation in the
16 diversion program.

17 (f) All licensees shall sign an agreement of understanding that
18 the withdrawal or termination from the diversion program at a time
19 when a diversion evaluation committee determines the licensee
20 presents a threat to the public's health and safety shall result in the
21 utilization by the committee of diversion treatment records in
22 disciplinary or criminal proceedings.

23 (g) Any licensee terminated from the diversion program for
24 failure to comply with program requirements is subject to
25 disciplinary action by the committee for acts committed before,
26 during, and after participation in the diversion program. A licensee
27 who has been under investigation by the committee and has been
28 terminated from the diversion program by a diversion evaluation
29 committee shall be reported by the diversion evaluation committee
30 to the committee.

31 SEC. 16. Section 2736.5 of the Business and Professions Code
32 is amended to read:

33 2736.5. (a) Any person who has served on active duty in the
34 medical corps of any of the armed forces of the United States and
35 who has successfully completed the course of instruction required
36 to qualify him for rating as a medical service
37 technician—independent duty, or other equivalent rating in his
38 particular branch of the armed forces, and whose service in the
39 armed forces has been under honorable conditions, may submit
40 the record of such training to the board for evaluation.

1 (b) If such person meets the qualifications of paragraphs (1)
2 and (3) of subdivision (a) of Section 2736, and if the board
3 determines that his education ~~and experience~~ would give reasonable
4 assurance of competence to practice as a registered nurse in this
5 state, he shall be granted a license upon passing the standard
6 examination for such licensure.

7 (c) The board shall, by regulation, establish criteria for
8 evaluating the education ~~and experience~~ of applicants under this
9 section.

10 (d) The board shall maintain records of the following categories
11 of applicants under this section:

12 (1) Applicants who are rejected for examination, and the areas
13 of such applicants' preparation which are the causes of rejection.

14 (2) Applicants who are qualified by their military education ~~and~~
15 ~~experience~~ alone to take the examination, and the results of their
16 examinations.

17 (3) Applicants who are qualified to take the examination by
18 their military education ~~and experience~~ plus supplementary
19 education, and the results of their examinations.

20 (e) The board shall attempt to contact by mail or other means
21 individuals meeting the requirements of subdivision (a) who have
22 been or will be discharged or separated from the armed forces of
23 the United States, in order to inform them of the application
24 procedure provided by this section. The board may enter into an
25 agreement with the federal government in order to secure the names
26 and addresses of such individuals.

27 SEC. 17. Section 2836.2 of the Business and Professions Code
28 is amended to read:

29 2836.2. Furnishing or ordering of drugs or devices by nurse
30 practitioners is defined to mean the act of making a pharmaceutical
31 agent or agents available to the patient in strict accordance with a
32 standardized procedure. All nurse practitioners who are authorized
33 pursuant to Section ~~2834.1~~ 2836.1 to furnish or issue drug orders
34 for controlled substances shall register with the United States Drug
35 Enforcement Administration.

36 SEC. 18. Section 2936 of the Business and Professions Code
37 is amended to read:

38 2936. The board shall adopt a program of consumer and
39 professional education in matters relevant to the ethical practice
40 of psychology. The board shall establish as its standards of ethical

BOARD OF REGISTERED NURSING
Legislative Committee
Agenda Item Summary

AGENDA ITEM: 7.2

DATE: April 13, 2011

ACTION REQUESTED: Information Only: Federal Legislation of Interest to the Board and other interested parties.

REQUESTED BY: Richard Rice, Chairperson
Legislative Committee

BACKGROUND: Two Nursing Organizations requested information about Federal Legislation at the January 5, 2011 Legislative Committee Meeting.

NEXT STEP: None

**FINANCIAL IMPLICATIONS,
IF ANY:** None

PERSON TO CONTACT: Kay Weinkam, M.S., RN
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Federal Legislation
April 13, 2011

Bill Number: S. 227
Title: Home Health Care Planning Improvement Act of 2011
Summary: Amends title XVIII (Medicare) of the Social Security Act to revise conditions of and limitations on payment for home health care services. Allows payment for home health services to Medicare beneficiaries by: (1) a nurse practitioner; (2) a clinical nurse specialist working in collaboration with a physician in accordance with state law; (3) a certified nurse-midwife; or (4) a physician assistant under a physician's supervision.
Location: Senate - Committee on Finance
Sponsor: Senator Susan Collins of Maine (Republican)

Bill Number: S. 56
Title: Medicaid Advanced Practice Nurses and Physician Assistants Access Act of 2011
Summary: Amends title XIX (Medicaid) of the Social Security Act to eliminate the state option to include nurse practitioners, certified nurse-midwives, and physician assistants as primary care case managers. Specifies as primary care case managers any nurse practitioner, certified nurse-midwife, or physician assistant that provides primary care case management services under a primary care case management contract. Revises the coverage of certain nurse practitioner services under the Medicaid fee-for-service program to remove the specification of certified pediatric nurse practitioner and certified family nurse practitioner in order to extend such coverage to services furnished by a nurse practitioner or clinical nurse specialist. Includes nurse practitioners, clinical nurse specialists, physician assistants, certified nurse midwives, and certified registered nurse anesthetists in the mix of service providers which Medicaid managed care organizations are required to maintain.
Location: Senate – Committee on Finance
Sponsor: Senator Daniel Inouye of Hawaii (Democrat)

Bill Number: S. 58
Title: Registered Nurse Safe Staffing Act of 2011
Summary: Amends title XVIII (Medicare) of the Social Security Act to require each Medicare participating hospital to implement a hospital-wide staffing plan for nursing services furnished in the hospital.

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Requires the plan to require that an appropriate number of registered nurses provide direct patient care in each unit and on each shift of the hospital to ensure staffing levels that: (1) address the unique characteristics of the patients and hospital units; and (2) result in the delivery of safe, quality patient care consistent with specified requirements.

Requires each participating hospital to establish a hospital nurse staffing committee which shall implement and oversee such plan.

Specifies civil monetary and other penalties for violation of the requirements of this Act.

Sets forth whistleblower protections against discrimination and retaliation involving patients or employees of the hospital for their grievances, complaints, or involvement in investigations relating to such plan.

Location: Senate – Committee on Finance
Sponsor: Senator Daniel Inouye of Hawaii (Democrat)

Bill Number: S. 55
Title: Nursing School Clinics Act of 2011
Summary: Amends title XIX (Medicaid) of the Social Security Act to provide for coverage of nursing school clinic services.
Location: Senate – Committee on Finance
Sponsor: Senator Daniel Inouye of Hawaii (Democrat)

Bill Number: S. 53
Title: Doctor of Nursing Practice and Doctor of Pharmacy Dual Degree Program Act of 2011
Summary: Expresses the sense of the Senate that there should be established a Doctor of Nursing Practice (DNP) and Doctor of Pharmacy (PharmD) dual degree program, which would: (1) improve patient outcomes, (2) help health providers meet the unique needs of rural communities across the age continuum and in diverse settings, (3) enhance collaboration between DNPs and physicians regarding drug therapy, (4) provide for research concerning and the implementation of safer medication administration, (5) broaden the scope of practice for pharmacists through education and training in diagnosis and management of common diseases, (6) provide new

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employment opportunities, and (7) assist in filling the need for primary care providers with an expertise in geriatrics and pharmaceuticals. Calls for additional research and evaluation to be conducted to determine the extent to which graduates of such a program improve primary health care, address disparities, diversify the workforce, and increase quality of service for underserved populations.

Location: Senate - Committee on Health, Education, Labor, and Pensions
Sponsor: Senator Daniel Inouye of Hawaii (Democrat)